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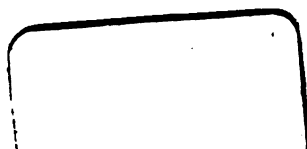
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1. The first part of the paper is a review of the literature on the effects of the 1997 Asian financial crisis on the economies of the Asian countries. The second part of the paper is a review of the literature on the effects of the 1997 Asian financial crisis on the economies of the Asian countries. The third part of the paper is a review of the literature on the effects of the 1997 Asian financial crisis on the economies of the Asian countries.

THE
AMERICAN SPECIALIST.

A JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

DEVOTED MAINLY TO THE PUBLICATION OF ORIGINAL ARTICLES, AND SELECTIONS FROM
HOME AND FOREIGN JOURNALS, ON THE DISEASES OF THE EYE, EAR, THROAT,
SKIN, VENEREAL DISEASES, ETC., WITH SUCH OTHER MATTERS AS
SHALL SEEM OF INTEREST AND VALUE TO THE GENERAL
PRACTITIONER.

EDITED BY JOSEPH F. EDWARDS, M.D.

VOLUME II. 1881.



PHILADELPHIA:
PRESLEY BLAKISTON,
1012 WALNUT STREET.

Entered according to Act of Congress, in the year 1881, by

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Contents.

	PAGE
ORIGINAL COMMUNICATIONS:—	
Eye Strain as a Frequent Cause of Headache and Obscure Nervous Symptoms. By S. D. RISLEY, M.D.	8
SELECTIONS AND ABSTRACTS:—	
Neglect of Special Training in Medical Schools. By H. MACNAUGHTON JONES, M.D., F.R.C.S.I. and Edin.	1
On Rhinoscopy. By W. SPENCER WATSON, F.R.C.S., M.B. Lond.	3
Ozæna. By DR. EDGAR KURZ, of Florence.	5
Syphilis and Laryngeal Phthisis. By J. MOURE.	10
EDITORIAL:—	
The Relation between the Specialist and General Practitioner.	6
Rise of American Dermatology.	6
Medical Education and Practice.	11
BOOK REVIEWS.	7
MISCELLANY:—	
Treatment of Ozæna.	2
Military Ophthalmology in Russia.	10
Case of Molluscum Fibrosum in India.	11
Excessive Elongation of the Uvula.	11
The End of a Long Fight.	12
RECENT PUBLICATIONS.	
ADVERTISEMENTS.	

NEGLECT OF SPECIAL TRAINING IN MEDICAL SCHOOLS.

BY H. MACNAUGHTON JONES, M.D., F.R.C.S.I. & ED.,
Professor in the Queen's University, Ireland, Surgeon to Ophthalmic and Aural Hospital, Cork, etc.

It may not be amiss to draw attention to the present state of education in regard to the study of those branches which, rightly or wrongly, are now-a-days looked upon as special—though why, in many instances, they should be so regarded, I am at a loss to conceive. The only satisfactory reasons, after years of inquiry, that I have succeeded in eliciting, appear to be, that these branches, so regarded, require for their practice greater exercise of skill, greater powers of observation, more time in study, more extended experience in diagnosis, than other departments of medical science. No one appears, however, for a moment to think that the practitioner who does not happen to live in a metropolitan city is to refuse to treat an affection of the eye, the ear, the uterus, the rectum, the throat, a case of club foot, or a troublesome skin affection. The danger appears to me to run in the direction of excess of specialism. The idea in the public mind is, that an exact knowledge is not to be expected save from the specialist. So now that specialists have exhausted the scope of various specialties, the surgeon, if he blunders in a case, committing errors unpardonable in the light of modern knowledge, consoles himself with the plea that he is not "an oculist," or "an aurist," that he is not *supposed* to use a laryngoscope; perhaps he has no special experience in rectal or uterine affections, has not devoted any time to the

study of cutaneous diseases and has never given a thought to nervous or mental troubles, in the sense that he should be called on to treat these on rational principles. In short, he is qualified to do any extent of mischief, and then fall back on the "specialist" to undo it.

For the simple reason that certain organs of the body demand peculiar attention, and, it may be, special attributes on the part of the student to enable him to master the treatment of them, it would seem all the more necessary that both students and practitioners should have the advantage of special teaching in the deviation from health of these organs, and if possible, reap the benefit of accumulated experiences in detecting and treating them. At least, this would appear to be the "common sense" view of the question. Courses of ophthalmology, clinical instruction in ophthalmic surgery, in diseases of women, in mental diseases, in sanitary science, are given and required in all well appointed medical schools. As a rule, is it not true that the average student pays little attention to the eye, the ear, the throat, the uterus, the skin? Give three-fourths of those who pass their final examination an ophthalmoscope, an auriscope, a laryngoscope, a uterine sound, and ask them to make a diagnosis with it—the chances are they have never used any one of them. Their ideas of skin diseases might be summed up thus: "Everything is an eczema or a psoriasis." How deplorable is such a state of things! In many instances, those who are pleased to call themselves "general" physicians and surgeons ridicule all "*scopes*." The clinical thermometer and the stethoscope discover, with the occasional help of a urinometer, all diseases for the former; his "surgical instinct" and tape are sufficient for the latter.

For ten years I have been striving to excite an interest in the branch of ophthalmology. And I have now the satisfaction of knowing that some hundreds of students have, through the special hospital originated by me in Cork, learned to use the ophthalmoscope and to recognize and treat all the more frequently occurring eye affections. Yet the idea is strong, that little stress is placed in the professional examinations on the diseases of the eye, and that the examiners know so little themselves of the science of ophthalmology, that the majority of students think it a waste of time to visit regularly an eye hospital. Irrespective of any advantage accruing from the knowledge of the ophthalmoscope in those morbid states in which impairment of vision compels the patient to consult a physician, there are all the abnormal deviations from the healthy condition of the retina which indicate the approach or existence of grave mischief in the other organs—

brain, kidney, uterus, blood-vessels, and the blood itself—which are discoverable with this diagnostic help. And it is fair to ask—Can a man be an educated physician and yet be ignorant of its use? Take, for instance, optic neuritis, and cerebellar disease, retinal hemorrhage and renal mischief, retinal congestion and neuritis in pregnancy, the characteristic retina of leukæmia. An examination of the retina might save a life. How many an unfortunate might escape a world of drugging, if the practitioner could recognize the effects of astigmatism in the headache, the dizziness, the inability to work—symptoms so often referred to the stomach—all corrected by suitable glasses!

In the case of otology, let me enumerate some of the blunders I have known to be committed. Polypus has been mistaken for abscess, and *vice versa*; the membrane destroyed in attempts to remove a foreign body which was not present; cerumen syringed for heroically, when not a particle of cerumen was there; the *membrana tympani* supposed to be absent and an artificial membrane advised to be worn, when the membrane was intact; ears lost in, and after scarlatina from want of treatment by paracentesis; mastoid abscess and periostitis, the result of neglected discharge, which was permitted to exist under the practitioner's advice that to "meddle with a discharge from the ear was dangerous." To those alone who do a large aural practice are the errors known which are fallen into in the simplest cases from a want of as much otological knowledge as one might gain in the extern department of any aural hospital in a single day. The study of the ear and throat is naturally allied. The naso-pharyngeal tract, so frequently affected simultaneously with the ear, requires special attention at the hands of all those who are anxious to know anything of diseases of the latter. There is no simpler instrument to learn the application of, or at least to make oneself proficient in the diagnostic value of, than the laryngoscope.

To treat blindly every case of aphonia, ignorant of its cause and the pathological states which give rise to it, when we can readily satisfy ourselves of the condition of the larynx with the laryngoscope, partakes strongly of quackery. The distress caused to the patient in using the instrument, and the discomfiture of the surgeon in the attempt, is simply the result of the want of some little instruction, which would prevent the bungling and awkwardness of an uneducated hand. Recently it was my lot to see a case of well marked incipient laryngeal phthisis, with ulcers just appearing on the surface of the epiglottis, and in which there was a hoarseness due to congestion of one vocal cord. The patient came for removal of a uvula, as advised, which gave

him little trouble, while his lung and larynx had escaped observation, the entire source of his annoyance being referred to a slightly elongated uvula and "relaxed sore throat." Such cases are awkward for three persons—the patient, the patient's ordinary physician, and the *specialist* who is finally consulted.

To teachers, and to those who have devoted themselves exclusively to the practice of one particular branch, we owe beyond question much of the exact knowledge we possess and our successful treatment of the diseases of certain organs. But if the result of the growth of specialities during the past ten years has been to add vastly to our knowledge, so also has this very progress increased the work of the student and the responsibilities of the teacher. The effect must be sooner or later apparent in the education of even the average medical practitioner. It must happen that the time devoted to the strictly professional subjects will have to be enlarged. The preliminary education should embrace the requisite courses in the physical sciences. In acquiring the necessary knowledge of medicine, surgery and obstetrics, both clinical and otherwise, the student ought not to be burthened with other work; his anatomical and physiological studies, save those conducted in the laboratory, should be completed, and his undivided attention given to the true work of his future life. Then and then only can we hope that the education in our schools will universally partake of that complete and minute character which we have exhibited so strikingly in the teaching of ophthalmology and dermatology. And then, under new methods and a new system, if those who enter medicine be fewer in numbers than at present, we shall have gained in quality what we suffer in quantity. The public and the medical profession will have reason to rejoice that this age of specialism has led up to a more scientific and rational practice—one founded on multiplied experiences and sustained by repeated and close observation. This latter test is the physician's or surgeon's only claim to the title of *specialist*.—"London Specialist."

TREATMENT OF OZÆNA.—In the case of a patient who had been affected with a muco-purulent, fetid nasal discharge for a year, Dr. Wolfrau employed, twice a day, for five minutes at a time, aspirations of a solution of tannin and glycerine (two per cent.), preceded by irrigation of the nasal fossæ with one litre of a solution of sea salt. In a fortnight afterward he tried a solution of acetate of alumina, at first one-half per cent. and then one per cent. Gradually the nasal secretion became less in quantity and fetidity, the number of inhalations was reduced, and the patient cured in six weeks.

ON RHINOSCOPY.

BY W. SPENCER WATSON, F.R.C.S., M.B. LOND.,
Surgeon Great Northern, and Royal South London Ophthalmic Hospitals.

Compared with the gains to pathology and therapeutics derived from the use of the laryngoscope and ophthalmoscope, the achievements of rhinoscopy are insignificant. The tortuosities and mazy convolutions of the pituitary membrane render their scrutiny a matter of much difficulty, even with the aid of the best illuminating apparatus and other appliances. But a small part of the whole internal area of the nostrils is ever brought under the eye of the observer, and it is therefore very important that the visible part should be seen distinctly. I will endeavor to point out as briefly as possible how this end is to be attained.

As a preliminary to inspection of the interior of the nostrils, whether through their anterior apertures (anterior rhinoscopy) or from the throat (by posterior rhinoscopy or choanoscopy), it is well to ascertain that the surfaces are free from pus, mucus, blood, or other impediments. If there has been catarrh or epistaxis, or discharge of any kind, the nasal douche (containing half an ounce of bicarbonate of soda in two pints of warm water) should be freely used before attempting to examine with the rhinoscope. If there is fetor as well as discharge, it will also be well to add to the solution used as a douche some antiseptic, such as carbolic acid or sulphocarbonate of soda. The latter is a most valuable local application in almost all cases of ozæna, and to Dr. A. E. Sansom, who introduced this preparation to the profession, all who have to do with diseases of the nose and throat are much indebted. In some cases, in addition to the douche, it is necessary to employ the spray apparatus, charged with some deodorant solution, before the examination can be proceeded with with anything like comfort to the observer.

In anterior rhinoscopy it is well, after the douche, to use pledgets of absorbent cotton-wool as a means of drying the surface to be examined. Any superabundant hairs within the meatus must be removed by scissors, and any sores or fissures should be healed, if possible, before using the dilator, which otherwise causes intolerable pain. Undue narrowing of the aperture can sometimes be overcome by the use of sea-tangle or sponge-tents worn in it for ten, twenty, or thirty minutes every day for a week before the rhinoscopic examination.

In some of these cases the single-bladed dilator can be employed (see Fig. 1).

This enables the observer to dilate and at the same time to tilt back the tip of the nose, which in most

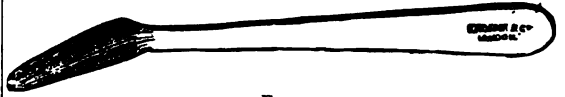


FIG. 1.

persons forms the main obstacle to obtaining a good view. In most cases, however, I prefer the use of Fränckel's bivalve speculum (see Fig. 2).

The preliminaries above described having been carried out, the next point to be considered is the best form of illuminating apparatus.

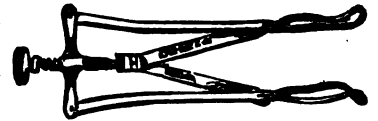


FIG. 2.

Sunlight, when available, is by far the best means of illuminating the anterior nares. Dr. Benjamin Guy Babington used sunlight in his early experiments in laryngoscopy, in 1829. Signor Manuel Garcia also employed it in his more perfect and systematic researches in 1854. In using sunlight, however, it is very inconvenient in most rooms to employ it directly. It rarely happens that the windows are situated so that the sun's rays can be directed into the patient's nostrils. It is, therefore, better to seat the patient in a shaded part of the room, with his back to a plane reflecting surface so placed that the sun's rays are sent in a horizontal direction toward the observer. The mirror I employ for this purpose is made of silvered glass, circular, of about six inches in diameter, and mounted on an upright stem, to which it is attached by a ball-and-socket joint, capable of allowing the surface of the mirror to be placed at almost any desired angle. The upright stem upon which the mirror is supported consists of a double tube arranged in the form of a telescope, and capable of being lengthened or shortened as occasion requires. The beam of light thus obtained is concentrated into the nostrils by the laryngoscopic mirror worn on the spectacle-frame by the observer. With these arrangements the full strength of the sun's rays is generally more than is required; and, in order to modify and tone down the light given off from the plane mirror, I cover its surface with a piece of white muslin. This gives the effect of sunlight passing through a light cloud, and quite obviates the inconvenience experienced by the dazzling brightness of the reflection from the unprotected mirror. The muslin employed should be stretched tightly across the mirror, and this can easily be effected by having at its circumference a circular band of elastic tape or thread. When the sun is already partially dimmed

by passing clouds, the unveiled mirror is of course preferable, and the artificial cloud of muslin can be readily removed.

For artificial light, I employ Mackenzie's bull's-eye metal chimney arrangement, fitted to a Silber gas-burner, on a bracket with an upward and downward movement, to allow of placing the light at different levels. In using this, I prefer to have the light a little above and to the left side of the patient's head. With this arrangement we obtain a light sufficiently good for most purposes. Some, however, prefer Tobold's condenser. This is an arrangement of lenses, capable of being fitted to an Argand burner or to the chimney of a paraffin or other lamp.

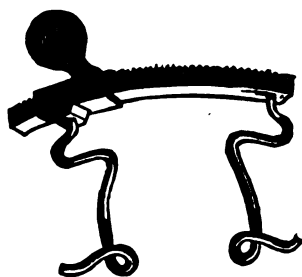


FIG. 3.

We have now to consider the best means of dilating the anterior nares. I do not employ the same method in every case. For a rapid preliminary examination, the upturning of the tip of the nose by means of the finger or by means of my nostril

dilator (see Fig. 1) is often sufficient. More often it is necessary to employ a bivalve dilator, such as



FIG. 4.

Fränckel's (see Fig. 2) or Thudichum's. The latter, however, is kept in position by a spring, and this

gives great pain and annoyance to the patient. Fränckel's, being adjustable by screw movement, is, in my opinion, a much better instrument. A modification of Noyes' eye-speculum (see Fig. 3) is also very useful as a dilator, and, being also worked by means of a screw-movement, can be adjusted without giving pain.

With one or other of these dilating specula, and if we have one hand available for the purpose of pressing upward the nose-tip while the other is employed in adjusting and retaining in its position the dilator, there is a fair chance of getting a good view of the nostrils in the majority of cases. But if the operator wishes to have his hand free for passing in probes or local medicaments, a modification of these means must be adopted.

For such a purpose I have devised the apparatus shown in the annexed wood-cut (see Fig. 4). It consists of two soft copper (gilt) hooks, one passed into either side of the nostril to be examined. The opposite extremity of each of these hooks is attached by means of another hook to a loop in an elastic band passed round the patient's forehead. These loops in the head-band are so arranged that the hooks can be subjected to a greater or less amount of traction, according to the distance of the particular loop employed from the middle line of the forehead. The greater the amount of traction on the hook, the greater the strain upon the ala of the nostril, and *vice versa*.

There are, however, some disadvantages attending the use of this instrument, and with a very rigid dorsal cartilage and overhanging nose-tip there is not so perfect a dilatation of the meatus as could be desired. I have therefore adopted another modification,

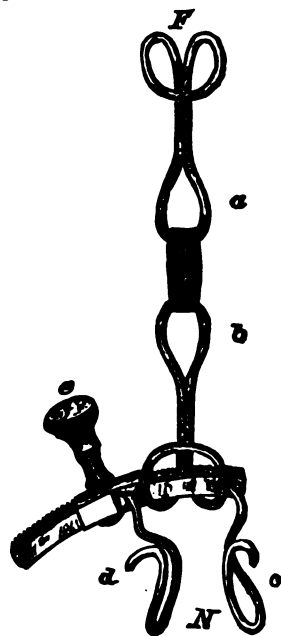


FIG. 5.—THE NOSTRIL DILATOR.

F, point of attachment of hook to band, round the forehead; *N*, position of nostril; *c, d*, the blades of the dilator; *e*, the screw, by turning which the blades of the dilator are separated and proximated; *a, b*, an elastic band, between the two hooks, by means of which the dilator is suspended and raised toward the forehead. It consists of a modified Noyes' speculum (Fig. 3), the blades of which are longer and narrower than

those of the eye-speculum. This being used as a dilator of the nostril under examination, one of the hooks of the same apparatus as that just described and figured in Fig. 4 is passed under the horizontal bar of the dilator, and its other extremity attached to the forehead-band (see Fig. 4).

By this means we have a dilating instrument with a delicately adjustable screw-movement, and the tip of the nose is drawn upward by the traction of the hooks attached to the forehead-band. The hands of the observer are then free for any kind of manipulations that may be required.

The way of attaching the hook to the horizontal bar of the dilator is shown in Fig. 5.—"*London Specialist*."

[To be Continued.]

ÖZÆNA.

BY DR. EDGAR KURZ,
Of Florence.

* * * The suggestion of Ziem, to drop the term *ozæna*, which is appropriate only to a single symptom, the fetor, and substitute for it *blennorrhœa* of the nasal mucous membrane, with hypertrophy or atrophy, as indicating accurately the pathological process in this disease, is worthy of adoption. The disease, indeed, always begins with swelling of the mucosa, and atrophy follows, as in other chronic catarrhs, and the fetor due to decomposition in the nasal cavity may arise, either early, during the stage of swelling, or later, when atrophy has set in. Since the anatomical picture of *blennorrhœa*, in the same case, may be utterly unlike in different parts of the nasal mucosa; since, for example, the mucosa of the nose itself may be in an advanced state of atrophy, while that in the antrum of Highmore or the frontal sinuses is much swollen, it is quite possible that, with dilatation of the nasal passages, the fetor is maintained chiefly by the stagnation of the secretions in the passages opening into them, the mucous membrane of which is swollen. Ziem, it is true, explains this as resulting from the diminished friction of the stream of inspired air, and the difficult elimination of secretion, on account of the degeneration of the ciliated epithelium. In a single case of atrophy, however, I found the fetor by no means so penetrating as in those where there was hypertrophy or swelling.

CASE 1.—A hearty man who had had chronic catarrh for three months. Both nostrils were much obstructed, the right, at times, entirely impervious. The patient often had to sleep with his mouth open.

* NOTE.—The reports of the cases are much abbreviated.

The lower parts of the mucous membrane were much swollen and reddened, and were covered with viscid secretion. Nothing could be seen beyond. There had been thickened accumulations with fetor once or twice. In a few weeks a cure was effected by snuffing salt solution up the nose and gargling with the same.

CASE 2.—A weak young man who had had a fetid, greenish discharge for about a year. He blew his nose incessantly. The mucous membrane was moderately swollen, the fetor horrible. After two weeks' irrigations with salt water solution (by a douche), the discharge was lessened, was no longer green and had no odor. A continuation of this treatment effected a complete cure within three months.

CASE 3.—A very severe and trying case, complicated by a traumatic deviation of the septum, and a vegetation on the mucous membrane, which was, in parts, atrophied. The patient was a woman who had suffered with *ozæna* for six years. The same treatment as used in the former cases was employed and the vegetation was burned with the galvano-cautery. Later, when the condition was already much improved, tampons saturated in a solution of boracic acid five parts to glycerine three parts were found exceedingly pleasant as well as useful to the patient. In three months the cure was complete.

In regard to the treatment of the disease under consideration, I would emphasize the persistent and long continued use, by the nasal douche, of warm salt solution—sea water where it can be had—with addition of a few drops of tincture of iodine. Not only because this thoroughly cleanses the nose—a matter of great importance—but also because the chloride of sodium is highly calculated to limit the secretion of the mucous membrane, and to effect a modification of nutrition in it. In many cases this alone will lead to a cure. But it always demands patience and perseverance, and should be continued a long time, even when examination of the nasal cavity reveals nothing abnormal, since in such cases the communicating passages are usually involved, and their mucous membrane, according to the investigations of Zuckerhandl, are slowest in returning to the normal condition. Frequent blowing of the nose is to be avoided. It irritates the mucous membrane, increases its secretion, and may cause hemorrhages. It is better that the secretion should be drawn into the posterior nares and then expectorated.—"*Memorabilien*," Heilbronn, 31st August, 1880.

THE MEDICAL CLASSES in Philadelphia promise to be large this winter. The requirement of a preliminary examination in the University of Pennsylvania has not deterred students from seeking admission.

The Specialist and Intelligencer.

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PRESLEY BLAKISTON,
1012 Walnut Street, Philadelphia.

PHILADELPHIA, OCTOBER 1, 1880.

THE RELATION BETWEEN THE SPECIALIST AND GENERAL PRACTITIONER.

The relations proper to be observed between the general practitioner and the specialist are coming now to be pretty well defined and generally understood. The former must, from the relation he holds to families and the great variety of cases that present themselves to him, be prepared to diagnose and treat all common diseases; while the latter, confining himself to those which affect a single organ or system, and thereby acquiring special ability in regard to them, shall undertake the cure of cases which either lie without the range of the general practitioner or baffle his skill. If this plan be pursued, patients are not likely to suffer because of the impossibility that the general practitioner shall be equal to the management of diseases requiring exclusive and undivided attention; or because of the corresponding impossibility, that the specialist shall always recognize conditions which do not come within the range of study and practice to which he has limited himself.

Errors in this regard are less frequent than they used to be, and they will grow more rare with a wider diffusion of knowledge, until we shall not hear of a loss of vision because the family doctor had no knowledge of diseases of the eye; or of the destruction of a hip joint because the neurologist diagnosed hysteria and overlooked a co-existent coxalgia. Personal interest and business competition have, it is true, an important bearing upon this matter. If the time comes when the general practitioner is no longer afraid to hand over his patient temporarily to the specialist, and the latter returns him as soon as his legitimate business with him is ended, patients and doctors will be better and happier. Yet there is something beyond ethics involved. The general practitioner, to do the best by his patients, should have at least enough knowledge of the so-called specialties to be able to recognize what falls properly within them. Instead of classing half a dozen different troubles as obscure, and treating them accordingly, he should be able to distinguish approx-

imately between them, and, if such as he cannot conscientiously undertake himself, refer them to some one in whom he has confidence, to pursue their investigation, and if necessary, undertake their treatment. At the same time, some knowledge of the kind alluded to would enable him to treat intelligently and honestly many cases that otherwise he would be compelled to abandon or treat ignorantly and dishonestly.

It is with the purpose of furthering this object, by taking information gathered by specialists and laying it before general practitioners, for the advantage of both, that the journal, of which this is the first number, is to be issued. It is hoped that it will be useful to many general practitioners who would gladly know more of what at present rarely appears, except in journals to which they have not access, or which they have not the time to search through. It is hoped, also, that it will not fail to commend itself to specialists, so that they may find in its columns useful facts in regard to allied departments, and a suitable place for communicating hints in regard to their own.

The reader will have presented to him original articles, by men of experience in their several departments, together with reports of clinic and hospital practice, as conducted by well-known teachers. Care will be taken in making abstracts and selections, to choose such as shall seem of practical value.

In making book reviews and criticisms, the interest of the readers will be first considered, and such a course pursued as shall, it is hoped, make a recommendation in these pages equally serviceable to the buyer and seller.

RISE OF AMERICAN DERMATOLOGY.

At the meeting of the American Dermatological Association, Professor Duhring took the above for the subject of his address, sketching in a most pleasing way the progress made in Dermatology in this country. In 1836 a special infirmary was established in New York, for the treatment of skin diseases, and a course of lectures was instituted on the subject at the same time. Before this, what is now a well recognized specialty in medicine was a neglected science, although much advance had been made abroad, and papers written upon it by William Bateman, Cazenave and others. From this time the interest of students gradually increased, many attending the lectures at the St. Louis Hospital, Paris, and the late Dr. Hebra's classes at Vienna. At present American dermatologists are celebrated abroad as well as at home. A recent number of the *London Lancet* calls attention to this fact, and urges Englishmen to more original investigation.

BOOK REVIEWS.

SLIGHT AILMENTS; Their Value and Treatment. By Lionel S. Beale, M.B., F.R.S., etc. Philadelphia, Presley Blakiston, 1880. 8vo, pp. 353.

This book is full of useful, practical suggestions. It is not one to be read when cases are pressing, but to be taken-in in leisure moments, in those odd times when there is nothing special to do. A book which is the outcome of a large experience, and which is calculated to prepare the reader for the understanding and management of cases, which, though less grave, are often far more puzzling than severe and well-marked ailments. Among the subjects treated are indigestion, constipation, diarrhoea, vertigo, biliousness, sick headache, neuralgia, rheumatic pains, feverishness and slight inflammations. The style is pleasant and the substance good.

THE OCEAN AS A HEALTH RESORT. A Handbook of Practical Information as to Sea Voyages. By William S. Wilson, L.R.C.P., Lond., M.R.C.S.E. (With a Chart.) Philadelphia, Presley Blakiston, 1880. 8vo, pp. 260.

The word practical, in the title of this book, appeals to what is just now a very widespread condition of the popular mind. The readers of books want what will help them in shaping their conduct and determining their actions. So when an author presents, as this one does, in a pleasant and entertaining way, information of this sort, which he has gathered by a considerable expenditure of time and trouble, he is sure to secure a hearing. We find in the book before us hints in regard to the conditions in which a sea voyage is of advantage, suggestions as to choosing a route, and in regard to the vessel, the cabin, the life on ship-board, with its occupations and amusements, the sights at sea, the experience on landing, as well as those of a return voyage. Australia is taken as the objective point, and there is a good description of the country. The whole tone of the book is English; but it is interesting enough to beguile the hours of any ocean journey, and instructive enough to be read even by people who are not undertaking one.

DISEASES OF THE THROAT AND NOSE. By Morell Mackenzie, M. D., London, Senior Physician to the Hospital for Diseases of the Throat and Chest; Lecturer on Diseases of the Throat at the London Hospital Medical College, etc. Vol. 1, Diseases of the Pharynx, Larynx and Trachea. 8vo, pp. 600. Price \$4 00.

Any one familiar with laryngoscopic work must at once appreciate the valuable addition made to this special department in the work before us. The entire work, of which only the first volume has as yet appeared, will include the consideration of affections of the pharynx, larynx, trachea, œsophagus, nasal

cavities, and neck. The matter now presented is the result of the author's large and unrivaled experience, both in hospital and private practice, extending over a period of twenty years. His constant labor in this special field, and the accurate methods adopted at the Throat Hospital for recording every feature of moment in the history and treatment of the cases there attending, give to this compilation of Dr. Mackenzie a tenfold value. Indeed, it is only a just and reasonable tribute to say of him that to his voluntary teaching and perfect demonstrations at the Golden Square Clinique many of those who practice with the aid of the laryngoscope in the United Kingdom owe the knowledge which they possess of this instrument; and, if they have not there learned their first lessons, they have received many invaluable and useful hints, and acquired large experience through the affability and kindness of the author. Lastly, there is an appendix, in which we find a number of useful formulæ for the various topical remedies in use in the treatment of throat affections.

All who wish to acquire a knowledge of modern laryngoscopy should study this treatise for themselves. It adds another to the list of standard works on special subjects which have of late years appeared from the hands of men who, by enormous experience in these special branches, are peculiarly well fitted to assume the parts of leaders and reliable teachers to their less favored brethren.

The book is beautifully put out of hands, and is clearly printed, in good, legible type; it is pleasant to read, not too bulky, and is furnished with a detailed index. There can be but one verdict of the profession on this manual—it stands without any competitor in medical literature, as a standard work on the organs it professes to treat of.—*Dublin Journal of Medical Science.*

BOOKS RECEIVED.

DISEASES OF THE THROAT AND NOSE. By Morell Mackenzie, M.D., Senior Physician to the Hospital for Diseases of the Throat and Chest, etc. Philadelphia, Presley Blakiston, 1880. Vol. 1. 8vo, pp. 600.

THE OCEAN AS A HEALTH RESORT. By William S. Wilson, L.R.C.P., Lond., M.R.C.S.E., Philadelphia, Presley Blakiston, 1880. 8vo, pp. 260. (With a Chart.)

SLIGHT AILMENTS, THEIR NATURE AND TREATMENT. By Lionel S. Beale, M.B., F.R.S., etc. Philadelphia, Presley Blakiston, 1880. 8vo, pp. 353.

PRESCRIPTION WRITING. By Frederic Henry Gerrish, M.D., etc. Portland, Me., Loring, Short & Harmon, 1878. 16mo, pp. 51.

EYE STRAIN AS A FREQUENT CAUSE OF HEADACHE AND OBSCURE NERVOUS SYMPTOMS.

BY S. D. RISLEY, M.D.,

Lecturer on Ophthalmoscopy at the University of Pennsylvania, Ophthalmic and Aural Surgeon to the Episcopal Hospital, at Philadelphia.

The very large number of individuals who suffer from persistent or periodical headache, which baffles all therapeutic measures for its relief, raises it to a theme of great importance to every medical man. Its very constant association with serious intra-cranial disease makes it an alarming symptom to the patient and his friends, so that they come to the physician expecting to have their fears confirmed or dismissed, by the assurance that the pain is, or is not, due to brain disease. A definite and sure answer to their inquiries is not always possible, but frequently too grave an opinion of the origin and import of this symptom has been given, and followed by unnecessary anxiety in the mind of the patient, but also by advice based upon an erroneous view of the case. There is, probably, no more frequent cause of headache than the frequently occurring refractive defects in the eyes. Although of late years so much has been said and written upon this subject, still, I am convinced its merits are not duly appreciated. That eye strain as a cause of pain in the head and various nervous symptoms should so frequently be overlooked, is not a matter for surprise when duly considered. It frequently happens that the symptoms are not referred by the patient to the eyes, and do not seem to be in any way associated with them. The eyes may, indeed, be weak, so that to use them with comfort is impossible; but the patient is far more liable to attribute the weak eyes to the "bad head" than the headache to bad eyes, and thus the medical adviser is led astray in his estimate of the symptoms.

I have many times been consulted by persons who, fearing softening of the brain, or general nervous prostration, and which they ascribed to anxiety or overwork, have for months left their business and journeyed abroad or elsewhere in search of diversion, only to be disappointed by a return of the symptoms of headache and mental weariness as soon as their active business life was resumed—this, too, in spite of improved or perfect health in other respects. If the pain were confined to the eyes, or spent itself in peri-orbital neuralgia, or, wherever located, came on while using the eyes and disappeared when at rest, it would be less liable to be misleading. The fact is, however, that the pain is not confined to the frontal region and frequently shows itself only after the work

is laid aside; or it may be constant, being aggravated by work at a near point. It is not unfrequently confined to the frontal region, but is often occipital, with pain shooting down the spine or radiating outward to the shoulders. Nausea, vomiting, and giddiness are often present. That this chain of symptoms is caused by the undue strain upon the muscles of accommodation and convergence, is demonstrated by the fact that prolonged rest from work with the eyes gives temporary relief, and further, by the fact that the careful correction of the defects of refraction and convergence, by suitable glasses, gives permanent relief.

It is not the purpose of this paper to discuss the subjects of hypermetropia, myopia and their kindred defects, since the numerous text-books within the reach of every medical man furnish careful treatises on these subjects, but rather to call attention to their importance as a frequent cause of symptoms alarming to the patient and often obscure to the medical adviser.

The following group of cases, selected almost at random from my private case book, might have been indefinitely extended in number. They are sufficient, however, to illustrate the preceding remarks, and furnish a vivid picture of how a local irritation or a single overworked muscle may awaken a general storm in the nervous system.

CASE I.—Miss L. T., æt. twenty-eight, consulted me in April, 1876, by advice of her physician, and detailed the following history. She had always been a victim of headache. When a child she constantly quitted the school-room with a dull pain in her head, which grew worse as she grew older, and proved entirely rebellious to all efforts for her relief.

The headaches were often associated with nausea and vomiting, and became so frequent and severe that she was kept from school in consequence.

Only partial relief was secured by this sacrifice. The attacks were less frequent, but she was unable to devote herself to any pursuit requiring the accurate use of her eyes without inducing an attack. Finally, to use her own words, she could do nothing but hold her hands. On the street, if thrown in with a moving crowd of people, she would get giddy, and was sure to go home and to her bed with sick headache. For several years she had felt insecure when away from home without an attendant, since she had frequently fainted on the street. Later she became hysterical and was treated for uterine disease. An apparently contracted urethra was dilated, in the hope that her nervous symptoms might be reflex manifestations due to that anomaly.

She was led to consult Dr. James Collins, of Philadelphia, who recognized the possibility of her symptoms being due to eye-strain, and requested her to

seek my advice. She was found with greatly diminished sharpness of sight in each eye, and the ophthalmoscope revealed a high degree of hypermetropic astigmatism, with marked choroido-retinal irritation. After the use of atropia solution until the accommodation was thoroughly paralyzed, a careful measurement of the refraction was made and the following glasses were ordered to be worn constantly:—

$$\begin{aligned} \text{O.D.} &+ \frac{1}{18} \text{ cyl ax. } 100^\circ \\ \text{O.S.} &+ \frac{1}{8} \text{ sp } \subset + \frac{1}{18} \text{ cyl ax. } 80^\circ \end{aligned}$$

At first she had much difficulty in wearing them, having frequently to be encouraged and reassured; but she was finally rewarded by the most complete relief from her distressing symptoms, and a great improvement in her general health.

CASE 2.—Mrs. M., æt. 42. Came in November, 1875. Sent by her physician, who desired an opinion as to the probable relation between her headache and eye strain. She complained that for many years she had rarely been entirely free from a fronto-occipital pain. The back of the head and neck often felt as though she had been "pounded." Any persistent effort at sewing or reading, a carriage ride or a journey in the cars was sure to lead to an attack of headache so violent as to compel her to seek her bed. Such a headache was invariably attended with vomiting, and usually unfitted her for her household duties for two or three days. She was very despondent, because she had for years been compelled to neglect her children and her house. In other respects she was in perfect health. The ophthalmoscope revealed a hypermetropia in each eye, which subsequent correction under atropia proved to be for the right eye $\frac{3}{8}$, for the left $\frac{3}{4}$.

Glasses were ordered to be worn constantly. Almost complete relief has followed their use.

In 1877 she came for the correction of presbyopia. She had then been free from her headaches, except after excessive fatigue, while she could read or sew at night without the least dread of her old enemy. In 1878 she attempted to throw aside her distance glasses, but was compelled to resume them, thus demonstrating beyond question that her headaches depended upon the accommodative strain necessary to neutralize the hypermetropia.

CASE 3.—Mrs. C., æt. 41. Had always been subject to headache, which, starting in the temples, would shoot to vertex and occiput. As a child, she could not see figures on the black-board at school. She now had pain in the eyeballs after reading or sewing, or after listening to a sermon or lecture, especially in the evening, but she attributed this to the gas-light, since her eyes were unduly sensitive to

light. She had always thought that her weak eyes depended upon her frequent headaches; but had lately concluded that her eyes caused the pain in the head.

If she persisted in the effort to read or sew, she became nervous, while a sense of constriction about the thorax came on, attended with faintness, nausea and palpitation of the heart. A careful study revealed a spasm of the accommodation, simulating high myopia, together with marked insufficiency of the internal rectus muscles. The accommodative spasm disappeared under the use of atropia, and a weak concave glass, $\frac{1}{10}$, proved necessary for distance, in order to secure perfect sharpness of sight. A prism of 3° base in each eye was ordered for reading. These gave her complete relief. They were ordered in March, 1877. In June, 1879, she reported that with these she could use her eyes with impunity, but any attempt to sew or read without them brought on the old chain of symptoms.

CASE 4.—Miss W., æt. thirty-three, had consulted Dr. S. Weir Mitchell, on account of fainting spells, severe headaches and general nervous debility. She was also subject to spells of coldness and numbness, confined to the right side. She was very anxious about her health, and constantly apprehensive of "paralysis." By him she was advised to have her eyes examined, and any refractive anomaly corrected. Her distant vision was somewhat below normal, with a disturbed range of accommodation. The ophthalmoscope showed hypermetropic astigmatism, and correction was advised. Glasses, raising her vision to the normal point, were ordered to be worn constantly. Following their use her nervous symptoms completely disappeared, and her anxiety regarding her health was dissipated.

CASE 5.—Mrs. S., the wife of a physician, had been for many years tormented with headache upon attempting any near work. This was very often accompanied by giddiness and vomiting, with chilly sensations down the back, cold hands and general prostration. A journey by rail, or even a drive, unless she kept her eyes closed, was almost invariably followed by confinement to bed, with all the tortures of a "sick headache." Her eyes were frequently the seat of pain, which was apt to assume a neuralgic form and be reflected to the temples and the teeth. She had sought advice about her eyes and had been ordered rest; but this, though quite well carried out, afforded but slight relief. She consulted me in March, 1880, and the first examination revealed deficient sight and slight insufficiency of the internal rectus muscles. The ophthalmoscope showed hypermetropic astigmatism, with marked retino-choroidal irritation. Glasses which made her vision almost normal were ordered for constant

wear. With these she returned to her home in Western Pennsylvania, entirely without discomfort, and from that time till June, when last heard from, she had not had the slightest return of her sufferings.

CASE 6.—Horace K., æt. 17, was the subject of frequent and severe headaches for which there was no apparent cause; headaches so distressing as to occasion no little anxiety on behalf of his health. He had not noted the slightest symptom pointing to his eyes as the cause of trouble, but at the suggestion of this as a possible solution of the difficulty, sought advice with regard to them. His vision was found slightly deficient in the right eye, markedly so in the left; and the ophthalmoscope showed considerable astigmatism. Suitable glasses brought entire relief of his headaches, and great improvement in his vision. His exemption from his old trouble has been permanent, in spite of the close application necessitated by his work as a clerk.

CASE 7.—H. L. was subject to attacks bearing a strong resemblance to hysteria. His father related that on the least provocation, *e. g.*, if his wishes were opposed, he would fall down in cataleptoid or possibly epileptoid attacks. These attacks were especially likely to come on during an attempt to read. This circumstance led his physician, Dr. Carpenter, of Pottsville, to send him to me, in the hope that his eyes might be at fault. He was myopic and wore $\frac{1}{4}$ for distance and reading. The ophthalmoscope showed marked choroiditis in both eyes, with a striated and hazy retina. There was high insufficiency of the internal rectus muscles, giving rise to a periodical divergence accompanied with diplopia. Constant attention was necessary to avoid the annoyance from double images. After careful measurement under atropia, correcting glasses were ordered.

The requisite attention was given to the choroidal disturbance, and later a reading glass, combined with prisms, was allowed. The result exceeded all expectation, since he was not only relieved from his eye-strain and the fronto-temporal pain from which he had suffered greatly, but the nervous symptoms also vanished. From the first instillation of the atropia until last heard from, March, 1880, one year later, there had been no return of his trouble.

These cases are sufficient to demonstrate the fact that anomalies of refraction and convergence may and do cause a chain of symptoms which may well awaken the most serious apprehension upon the part of the patient. A larger number might have served to demonstrate the *frequency* of their occurrence, but would have taught no more important lesson.

These seven cases have been deemed sufficient to once more call attention to the important rôle played by eye-strain, in causing headache. Among its

numerous causes, I am convinced this is the most frequent. Digestive troubles are not unfrequently responsible for frontal headache, but are usually associated with other symptoms which serve to demonstrate their presence. But those suffering from persistent headache or periodical sick headaches should not be dismissed with the statement that their trouble "is due to the stomach," until after, by due examination, the presence of defective vision has been excluded.

1630 Walnut street.

SYPHILIS AND LARYNGEAL PHTHISIS.

DIFFERENTIAL DIAGNOSIS.

In making a comparison between syphilis and laryngeal phthisis, the rational signs which Moure considers of most importance are: pains and inflammation of the cervico-maxillary glands. In old laryngeal syphilis there is acute pain on pressure, but deglutition is not painful. In phthisis there is no pain on pressure, but deglutition is difficult and painful, with occasional radiation toward the ear. The adenopathy belongs solely to syphilis.

The author points out, as a physical sign of syphilis, at the beginning, a dark erythema, situated at the anterior commissure or upon the free border of the vocal cords, and mucous patches; later, gummata, followed by a few ulcerations, with indurated perpendicular edges, occupying the epiglottis and its folds, which are sometimes the seat of an inflammatory, rosy œdema.

For the onset of phthisis he designates various lesions of the arytenoid region, redness, swelling of the mucous membrane, papillary vegetations; later, and in the same region, tubercular granulations, numerous ulcerations, oval or round in shape, with irregular, ragged edges, often covered with granulations and polypiform vegetations, all developed upon soft tissues, of a pale, waxy appearance.—*J. Moure (Thèse de Paris, 1879). Revue des Sciences Médicales, July, 1880.*

MILITARY OPHTHALMOLOGY IN RUSSIA.—Among other instances of the special attention which is now being devoted to ophthalmic medicine in the Russian army, it is reported that the "oculist" of the Kiev military circumscription, having recently visited the troops forming the garrison of that city, found many soldiers suffering from ophthalmia. He attributed this to the unwholesome hygienic condition of the barracks and to the action of the sands surrounding the place. He has recommended the removal of the affected soldiers from the city, and it has been resolved in consequence to establish a special hospital for them on a healthy site on the banks of the Dnieper.

MEDICAL EDUCATION AND PRACTICE.

The success attending the publication of Dr. Hardwicke's "Guide to European Universities" has induced him to issue a new edition of it, under the above title, and including all Medical Schools and Universities in the civilized world. The want of such a book has been long felt by all who take any interest in Medical Education, and is specially needed at the present time, when the attention of our government has been called to certain abuses, and it is about to introduce reforms. The usefulness of a book of this kind will be of a twofold nature; not only will it serve as a reference book for those about to enter the medical profession, or who, having already done so, contemplate a change of school; but its circulation will tend to arouse the profession from that condition of apathy into which it has sunk in some parts of the world, and to lessen those degrading practices indulged in by some of the remotely situated Medical Colleges, which are as derogatory to the profession as they are injurious to the communities at large. For, comparing the Universities of good and bad repute in the various countries of the world will make known to the world that certain institutions insist upon such an excellent system of medical education that their graduates are justly entitled to the respect and confidence of the public; while others are satisfied with the most meagre and irregular system, well suited to the ignorance of the unscrupulous and unprincipled adventurer, the impostor, and the quack, and the men who have failed to pass the examinations of respectable institutions.

The book shows that, in those countries where the laws are lax, so also is the medical education; and where the standards in the schools are high, there are excellent laws for the preservation of health and the prevention of disease.

Mr. Hardwicke shows the working of the "Diploma Mill" which has just been broken up in this city, somewhat to the disadvantage of other Philadelphia institutions; but this must be expected, after allowing a canker-worm of this kind to exist for so long in our midst. He gives, however, a high standing to the medical colleges of this country, and says, "Harvard, Pennsylvania, New York, and Bellevue, are names to be honored as much in Europe as America." The book is a most exhaustive one, and deserving the attention of all who are in any way interested in the advancement of medical education and reform.

MISCELLANY.

CASES OF MOLLUSCUM FIBROSUM IN INDIA.—At the sixth meeting of the Calcutta Medical Society, Dr. D. O'Connell Raye exhibited a case of *Mollus-*

cum Fibrosum (which has since been successfully removed). The subject was an adult female, æt. twenty-two, a resident of Jehenabad, belonging to the *telee* caste. The patient was born with a small nodule on the inner and upper aspect of the left armpit, which did not increase for four or five years afterward, and then was painless. It gradually increased in size from this time until, about six years ago, it had become as large as a fetal head, when it ceased to grow any larger. Last year she suddenly noticed a severe pain in the tumor, after which it commenced again to increase in size, until it assumed its present character, which is that of a pendulous tumour from eight to nine inches broad and twelve to thirteen inches long, flattened from side to side, and of a grayish color. Small, painless, nodular growths are seen all over her body. The patient is well nourished and in good health. The history showed that her mother had had similar though smaller growths. Dr. Bowser informed the meeting that he had removed two large pendulous tumors of a similar kind from the labia of a female in Rungpore. Baboo Lall Madhub Mookerjee had also seen a similar tumor removed from a woman's arm, and had also met with a patient afflicted with double cataract who had molluscous tumors all over the body, and on whose eyes he operated successfully. Dr. McLeod drew attention to several similar interesting cases described by Dr. James Wise, late civil surgeon of Dacca, and published in a very interesting compilation by Drs. Fox and Farquhar on certain endemic skin and other diseases of India and hot climates generally.—*Indian Medical Gazette*.

EXCESSIVE ELONGATION OF THE UVULA.—Dr. D. N. Rankin, in the *Archives of Laryngology* (vol. 1, No. 2), reports a case of this sort. The patient was a man with a good family record, who for two years had been treated for a chronic cough, without expectoration. He had frequent attacks of dyspnoea, especially when lying down. On examining the lungs, there was no evidence of disease; but investigating the throat showed that the uvula was much enlarged—it was so long that it could be clasped between the teeth. After removal, it was found to be over four inches long, and had a terminal enlargement the size of a hazel nut.

THE END OF A LONG FIGHT.—On the thirtieth of September the charters of the bogus colleges known as the Eclectic Medical College of Pennsylvania and the American University of Philadelphia were forfeited, the counsel for the defendants confessing judgment of ouster in favor of the Commonwealth, and filing a letter from Dr. Buchanan authorizing him to do so.

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Contents.

	PAGE
ORIGINAL COMMUNICATIONS:—	
On the Sympathy Existing between the Ear and the Larynx and the Ear and the Teeth. By CHARLES H. BURNETT, A.M., M.D.	13
Impetigo Contagiosa—Fourteen Cases. By H. W. STELWAGON, M.D.	16
The Non-Specific Treatment of Gonorrhoea. By WM. D. RONALDSON, M.D.	17
TRANSLATIONS:—	
Polyps of the Larynx in Children. By C. J. MOURE.	18
The Use of Carbolic Acid Externally in Erysipelas. By Dr. C. G. ROTHE.	18
EDITORIAL:—	
Syphilis in Relation to Marriage.	20
BOOK REVIEWS.	21
SELECTIONS AND ABSTRACTS:—	
On Soothing Ointments and the Indications for Their Use. By DR. MCCALL ANDERSON.	15
Simple Mode of Ascertaining the Acuteness of Vision in Small Children. By GEORGE LAWSON, F.R.C.S.	22
Ménière's Disease; Treatment of Herpes; Epilepsy Caused by a Foreign Body in the Ear.	19
Hereditary Syphilis; Suppuration in the Lower Lid, Due to Dental Caries; A Substitute for Adhesive Plaster; Pathology and Therapeutics of Furuncle and Anthrax; Circumcision for Nervous Manifestations; Tracheotomy Superseded; Treatment of Gonorrhoea; Sweating and Offensive Odor of the Feet; Dry Treatment of Suppurative Discharges from the Middle Ear; Iodoform in Chronic Otorrhoea; Pathological Relations of the Eye and Ear; Peculiar Obstruction of Wharton's Duct; Venereal Warts.	22-25
MEDICAL NOTES.	25-26
MISCELLANY.	27
RECENT PUBLICATIONS.	28

ON THE SYMPATHY EXISTING BETWEEN THE EAR AND THE LARYNX AND THE EAR AND THE TEETH.

BY CHARLES H. BURNETT, A.M., M.D.,

Aural Surgeon to the Presbyterian Hospital, etc., Philadelphia.

It has long been known and recorded in medical literature, that a peculiar reflex sympathy exists between the ear and the larynx* and the ear and the teeth.† These sympathies are always annoying and usually prejudicial to the integrity of the organs implicated. As these reflex phenomena can be made to vanish if their real cause is detected, it is the purpose of this paper to call attention to and briefly describe and explain some of the forms more commonly met, and show how these manifestations of disease can be quelled.

For example, it may happen that a phthisical patient, a man forty years old, is found to have sud-

* Fabricius Hildanus, 1596. Tissot, "Traité des Nerfs et de leurs Maladies." Paris et Londres, 1780, pp. 54-56. Et Müller; 1696, quoted by the preceding author. Pechlin; "Observationum Physiomedicarum, très libri;" Hamburgi, anno, MDCXCI, quoted by Tissot, op. cit. p. 55.

† Rau; "Ohrenheilkunde," sec. 168 Berlin, 1856.

denly developed a peculiar and very annoying cough. The throat and larynx are examined, but no alteration is found sufficient to account for the new cough. The latter is almost constant, and sounds as though due to a tickling in the throat, and in fact the patient thus expresses his feelings. Perhaps opium is given internally, or some soothing spray from the atomizer is employed to give relief; but the cough does not yield. Some hardness of hearing, too, on the patient's part, draws his physician's attention to the ears, and these, when examined with the aural mirror, are found to be impacted with large, dark wax-plugs.

A slight pressure on these plugs excites suddenly and afresh the peculiar feeling in the patient's throat, and there ensues a marked so-called "ear cough."

A removal of the wax-plugs, by means of warm water and a syringe, not only restores the hearing, but instantly stops the peculiar cough.

What takes place in such cases is this:—

The sensitive fibres of the aural branch of the pneumogastric nerve, supplying the external auditory canal, are irritated by the wax-plugs, which are purely foreign bodies in such instances. This irritation is reflected along the motor fibres of the superior laryngeal nerve, exciting movements in the larynx, which constitute the act of coughing, as very clearly mapped out by Dr. Edward Woakes, of London.* Should such irritation occur in very sensitive ears, vomiting is excited, as in a case recorded by Pechlin in 1691. The removal of the wax-plugs by syringing is, of course, a removal of the irritant of the aural branch of the pneumogastric nerve, by which the cough or the vomiting is cured.

It is hardly necessary to remind the reader that an incessant cough, like the one just described, would be a grave matter in a patient far advanced in phthisis. In fact, the continuance of such a cough in an individual whose air-passages are healthy may finally produce tissue changes in the larynx.

A case of irritation reflected from the teeth to the ear may present itself in this way:—

A brother practitioner of medicine asks for treatment of hardness of hearing, tinnitus, and a peculiar sense of discomfort in the left ear. His statement is that he believes he may have aural catarrh, and this view is strengthened somewhat by the appearance of the membrana tympani, which is lustreless, opaque and retracted. But nothing being said about the teeth, the usual treatment for aural catarrh is instituted, and the patient is apparently better for a short time.

* "Deafness, Giddiness and Noises in the Head," 2d Edition, 1880. P. Blakiston, Philadelphia.

In the course of a year all the old symptoms are worse, and some new ones, more disagreeable, are added. These are considerable neuralgia in the post-auricular region, with a constant and pounding tinnitus, which is likened to the noise of a trip hammer, synchronous with the pulse, and a peculiar tapping noise, not synchronous with the pulse. The latter is about ninety times a minute, and seems to the patient to be attended with motion in the ear; it seems "as though some power pulled on a little string fastened to his drum." There are also laryngeal irritations in the form of ear-cough, which though not excessive seem to the patient to depend on the continued annoyances in his ear. *All of these symptoms came on and kept up during excessive pain in the first molar tooth in the upper maxilla on the same side.*

The patient now states that ten years before this molar tooth required filling, that ever since more or less discomfort has been experienced in and around it, that inflammation in its neighborhood has frequently occurred, with more or less intensity, and the aural symptoms had first shown themselves about six months after the tooth was filled. He also states that all dental disturbances ever since have been attended by aural discomforts, which have gradually increased until the final attack, three months ago, when both aural and dental sufferings became nearly intolerable, an abscess formed near the tooth, and at last the tooth was extracted, *with instantaneous relief from all forms of tinnitus, tapping sounds and neuralgia in the ear, the ear-cough, which had been marked up to this time, ceasing, and the hearing becoming very much better.* The tooth shows great and peculiar disease at the root, and its socket is necrosed, so that its cavity is thrown into that of the socket of the second molar behind it, by destruction of the partition between them.

Let us trace the connection between the diseased teeth and the disturbed condition of the ear, which it is manifest must be a purely nervous one.

The three prominent symptoms in the ear were tinnitus, tapping sounds, apparently combined with muscular movements in the ear, and neuralgia. To explain the tinnitus, we first recall the fact that the teeth and sockets diseased in this case are supplied by the posterior dental branches of the superior maxillary nerve, an important division of the tri-facial nerve. Then we bear in mind that this nerve, the trifacial, supplies the sensory root to the sphenopalatine ganglion, which brings the irritation to the sympathetic tract. For the sphenopalatine ganglion is connected with the carotid plexus of the sympathetic, by means of the deep petrous branch of the pterygoid nerve. The carotid plexus is distributed to the internal

carotid artery and all its branches. One of these, the tympanal branch, supplies the membrana tympani, and other branches are sent to the drum cavity. The vaso-motor nerves, derived from the carotid plexus, controlling the calibre of these vessels, are thus brought into the circle of irritation from the teeth and gums, their inhibitory power is overcome, and dilatation of the vessels ensues; more blood than usual passes to the drum membrane and the drum cavity, morbid vibrations in the walls of these vessels are set up, and tinnitus is heard; for *tinnitus aurium* is nothing more than the sound produced by abnormal vibrations in the walls of the arterioles or veinlets of the ear, or it may be the hearing of the normal movements of the blood on the part of an ear whose resonant functions are disturbed.

In order to explain the tapping sounds and the feelings of movement in the ear, it must be borne in mind that the motor root of the sphenopalatine ganglion is derived from the facial nerve, through the Vidian, and that the facial nerve supplies a filament to the stapedius muscle. The irritation conveyed from the teeth through this ganglion, over to the facial nerve and the stapedius muscle, causes the latter to be thrown into rapid clonic spasms, thus producing the tapping sounds, and a sensation to the patient similar to that of "pulling on his drum with a string."

It is not uncommon for pain in one part of a sensory nerve tract to be attended by pain in a neighboring branch of the same parent nerve. Hence, in this case, besides pain in the dental branches of the superior maxillary nerve, directly irritated by diseased teeth and gums, there has been experienced *neuralgia* in the temporo-malar branch of the maxillary nerve. The ear-cough experienced by the patient must have been due to a reflection of the dental irritation over the sphenopalatine branches of the superior maxillary nerve, to the sphenopalatine ganglion, thence through the Vidian, over the facial nerve to the auricular branch of the pneumogastric nerve, which is connected with the facial by a branch from the latter nerve at its exit from the stylo-mastoid foramen. Having thus reached the tract of the pneumogastric, the reflection passes by the motor fibres of the pneumogastric, through the superior laryngeal nerve, to the cricothyroid muscle, which is thrown into reflex spasms, constituting cough.

It is thus seen how some of the most common aural symptoms may be purely reflex in their origin, very distressing while they last, quite intractable unless their cause is fully recognized, but remediable when their causation is understood.

ON SOOTHING OINTMENTS AND THE INDICATIONS FOR THEIR USE.

BY DR. MCCALL ANDERSON,

Professor of Clinical Medicine in the University of Glasgow, Physician to the Western Infirmary and to the Wards for Diseases of the Skin.

Those who have had much experience in the treatment of diseases of the skin must be aware that oftentimes ignorance is shown, not so much with regard to the class of remedies applicable to each affection, as to the appropriate medication indicated in different stages of the same complaint. This remark is particularly true with regard to stimulating and soothing applications, the latter being often employed when they are altogether unnecessary and proportionately useless, the former when they are contra-indicated and pretty certain to prove injurious. It may not therefore be unprofitable to allude, in passing, to some of the circumstances favorable to the use of each of these classes of remedies.

Stimulating Applications are suitable when the eruption is very chronic and dry, and when, instead of burning heat and pain, itching is present, or when there is no complaint of any abnormal sensation whatever; or when, in the case of inveterate, especially circumscribed affections, we wish to light up an acute inflammation, so as to excite a new and more healthy action in the part—in lupus, and in old patches of ringworm of the head, for example; or when we wish to destroy morbid growths, such as epithelioma, as we sometimes endeavor to do by the application of caustic remedies.

Soothing Applications, on the other hand, are indicated when the eruption is acute and recent; when there is much inflammatory tumefaction or œdema; when, instead of itching, burning heat or pain is complained of; when the part is the seat of vesicles or of pustules; when, instead of being dry, it is the seat of serous, or above all, purulent, exudation; or when it is covered with crusts, the result of the desiccation of recent exudation.

To these, as to most rules, however, there are a few exceptions. Thus in cases of tinea sycosis ("ringworm of the beard"), when the part is swollen and indurated, the seat of numerous pustules, and when burning heat and pain are complained of, the most important part of the treatment consists in the extraction of the hairs. This treatment is in one sense decidedly stimulating, but the stimulation is more than counterbalanced by the removal of the hairs which are diseased, which are loaded with the

spores and tubes of the trichophyton and which are intensely irritating.

Soothing Ointments are generally indicated under the circumstances above mentioned, and are also of service with the view of softening and removing crusts and other *débris*. They not only act as sedatives, but also afford a covering for and protection to the inflamed parts, and exclude the air. They require to be prepared with the utmost care and with perfectly fresh ingredients; yet even then, in a few persons, owing to some peculiar idiosyncrasy, they are apt to prove irritating, and cannot be tolerated, no matter what their composition may be. Fortunately this is only observed in very exceptional cases.

A few of the more soothing ointments may now be mentioned.

One of the most favorite remedies in this country is the "Unguentum oxidi zinci benzoatum," of Erasmus Wilson, Bell's formula for which is as follows:—

R. Adipis preparati..... ʒ xv
Gummi benzoini pulveris..... ʒ j.
Liquefac, cum leni calore, per horas viginti quatuor, in vaso clauso; dein cola per linteam, et adde
Oxydi zinci purificati..... ʒ j.
Misce bene, et per linteam exprime.

To this a drachm of rectified spirit, spirits of camphor or glycerine may sometimes be added with advantage. The benzoin prevents the ointment from becoming rancid and irritating, while at the same time it imparts to it a certain fragrance. It is an excellent preparation, but, owing to the white crust which is apt to form, it is inferior to others when the eruption is situated upon uncovered or upon hairy parts. In such situations the zinc ointment of Dr. L. D. Bulkley, of New York, is preferable. It is composed of pure carbonate of zinc and the ceratum galeni, in the proportion of half a drachm to the ounce.

One of the most valuable of soothing ointments is the "Unguentum diachyli albi," of Hebra, of which the following is the formula:—

R. Olei olivæ..... ʒ xv
Lithargyri..... ʒ iij et ʒ vj
Coque l. a. in ung. moll., dein adde
Ol. lavandulæ..... ʒ iij.
M. Ft. unguentum.

This ointment is likewise unsuitable for hairy parts, on account of its matting the hairs together. More recently several varieties of soothing ointments containing oleic acid have come into use, one of the best of which is the "Unguentum zinci oleatis," recommended by Dr. Crocker, the formula of which is as follows:—

R. Zinci oxidi..... ʒ j
Acidi oleici..... ʒ viij
Vaselini ʒ ix.

Rub up the oxide of zinc with the oleic acid, and let it stand for two hours; then place in a water bath until the zinc is dissolved, add the vaseline, and stir until cold. Instead of this Dr. Sawyer has more recently recommended an oleate of lead ointment, which is composed of lead oleate, twenty-four parts, heavy and inodorous paraffin oil, fourteen parts. The lead oleate is prepared by heating a mixture of oleic acid and oxide of lead, one part of the former to eight of the latter. It is prepared in the same way as the last ointment, but in my experience is inferior to it as a sedative application.

By far the best of all the soothing ointments with which I am acquainted is composed of—

R. Bismuthi oxidi..... ʒ j
Ac di oleici..... ʒ viij
Cere albæ..... ʒ iij
Vaselini ʒ ix
Olei rosæ..... ʒ v.

I have not only used this ointment with the very best results myself, but those of my professional brethren to whom I have recommended it have professed themselves equally satisfied with it; and one medical man in particular recently informed me that it was the only ointment, of the many which he had tried, which had proved a sedative in his own case.

Instead of merely rubbing soothing ointments upon the inflamed surface, as is so often done, it is always preferable, when at all possible, to apply them spread thickly upon a piece of linen, which should not be too large, else they do not lie evenly upon the inflamed parts.—*London "Specialist."*

IMPETIGO CONTAGIOSA—FOURTEEN CASES.

BY H. W. STELWAGON, M.D.,

Physician to the Dispensary for Skin Diseases, Philadelphia.

In the five weeks ending the last of September, at the service at the Northern Dispensary*, out of a total of forty new cases of skin diseases, fourteen have been patients presenting the disease known as impetigo contagiosa.

In almost all instances there was a distinct history of contagion; cases occurring in the court or neighborhood from which the patient came; so that if to the number actually observed were added those of which knowledge was obtained, and which undoubt-

edly must have been cases of the same disease, the whole number would be greatly increased.

Among the poorer classes, as is well known, diseases which fail to affect the whole system are apt to be neglected or merely subjected to home treatment; especially is this the fact with regard to skin diseases. And as impetigo contagiosa runs a somewhat rapid course, unaccompanied by constitutional symptoms, and terminates favorably, cases may easily escape medical observation. Thus, it may be readily conjectured that fourteen cases are really representative of a much larger number.

The patients, as intimated, all came from one section of the city, the northeastern, and it would appear as if the disease was more or less confined to that district. It has not been seen lately, Dr. Van Harlingen informs me, at the Dispensary of the University of Pennsylvania, in the western section, and no case has come under my care at the Dispensary for Skin Diseases, in the southeastern.

It is probable that such diseases are more frequently seen at general dispensaries; at least such is my experience, the Dispensary for Skin Diseases furnishing an abundance of chronic cases, while the Northern Dispensary (general) has been rich in those of an acute type.

Of these fourteen patients twelve were children and two adults. In neither of these two was the adult the only one in the family attacked; the child being first affected, and communicating the disease to the older patient. Moreover, in these two cases, but two or three vesicles were present, and the affection ran an abortive course.

The greater number of the fourteen cases were typical of the disease, the face alone, in several, being the seat of attack; in others the arms were likewise affected. In these the eruption was characteristic; the vesicular commencement, rapidly increasing to the size of a half-dime or larger, flat, contents becoming sero-purulent, the slight areola, the absence of an inflammatory base, and, in the maturer patches, the thin straw-yellow crusts, with the peculiar "stuck-on" appearance, all made a picture which was unmistakable.

In others, however, in addition to those on the face and arms, a few scattered small patches could be seen on the trunk and legs. In two cases the face was exempt, a few lesions being present on the arms and legs. The lesions varied in size from a split pea to a silver dollar, the larger patches being formed from the coalescence of several smaller ones. When a large patch was present it was invariably found on the face. Most frequently the lesion was of the diameter of a half-dime. Some of the beginning vesicopustules grew rapidly to the size of a pea, burst and

* I am indebted to the kindness of Dr. Robt. J. Hess, Resident Physician, for the opportunity of observing all cases of skin diseases occurring at this Institution.

extended at the edge into a patch, whose diameter equaled that of a dime, or even larger, then became covered with a thin crust.

After the affection had existed several days :ll stages, from the incipient vesicle to the thin flat crust, could be observed, as a rule, on the one subject.

In a few cases slight itching was present, and, as a consequence, the pellicle-like crust was scratched or rubbed off and a shallow erosion remained, secreting a sero-purulent fluid.

Although this disease usually runs a regular course and the resulting lesions are about the same, occasionally, as occurred in two of these fourteen cases, the lesions inclined to irregularity. Instead of the thin yellow crusts which are generally seen, a somewhat thick and brownish one formed, the areola was well marked and the base slightly inflammatory, not unlike the maturing lesion of simple impetigo. In one child almost all the patches were small and tended to assume the characters just described. Had the case not been seen from the beginning and followed in its course, a correct diagnosis would most probably have been impossible. Where this tendency existed the patients were found to be in a low condition of health or suffering from some constitutional trouble, such as rachitis or malaria. The duration of the disease in these fourteen cases was about eleven days; the more severe cases sixteen to twenty days. At the seat of the patches were left dark erythematous spots, which gradually faded away.

It may also be remarked that, even in simple cases, as seen at the Dispensary, the crust is not always found to be straw yellow. While it is possible, in almost every instance, to find a patch where the crust possesses this characteristic, still they are more likely to be dirty yellow or even brownish. As cleanliness, with the poorer class of dispensary patients, is not a prominent trait, this deviation from the ordinary straw-yellow color needs no explanation.

The treatment in these cases was the application of an ointment of five grains of ammoniated mercury to the ounce of simple cerate, as recommended by Fox. Where the health of a patient was below par tonics were ordered.

1525 Chestnut Street.

THE NON-SPECIFIC TREATMENT OF GONORRHŒA.

BY WILLIAM D. RONALDSON, M.D.

The efficacy of the abortive and specific treatments of gonorrhœa cannot be questioned for a moment; but, unfortunately, they are often disgusting and distasteful to the patient. The disagreeable odor perceptible about a person taking copaiba, cubebs or

sandal wood, is frequently apparent, not only to the patient himself, but also to those with whom he comes in contact. This is unpleasant to a patient, no matter to what class he may belong. Further, there have been instances in which the fear that the medicinal odor might disclose his ailment has produced in the patient such an amount of anxiety that the mental condition was as distressing to him as the disease itself. To avoid these difficulties the following is the plan of treatment I have used in a number of cases, with good results.

In the acute stage of the disease, that is, before the discharge is well marked, and when there exists an intense, agonizing, burning pain upon micturition, I have been in the habit of making the constitutional treatment predominate over the local; that is to say, restricting the diet, regulating the bowels, ordering rest, if necessary, and giving internally:—

R. Potass. acetat..... ʒ ij
Uvæ ursi..... ʒ j. M.

SIG.—To be put into one pint of boiling water and a wineglassful (f. ʒ ij) to be taken every two hours, in flaxseed tea.

I order the inflamed organ to be kept well cleansed with hot or cold water, whichever is most agreeable to the patient, containing a small amount of salt or alum. Having continued this treatment for two or three days, I order, in addition, an injection:—

R. Zinci acetat., (vel sulphat.)... grs. vj
Glycerinæ..... f. ʒ ss
Aque rosæ f. ʒ ijss. M.

SIG.—Use three or four times daily.

Before using, the patient should urinate, if possible, so as to cleanse out the urethra. If chordee or orchitis occur, it is treated with opiates and antiphlogistic measures.

The length of time to continue this course of treatment varies with the severity or mildness of the attack; but in no instance have I been led to feel that the disease had been prolonged, or that I had been guilty of an injustice to my patients in discarding the time-honored specific remedies.

There is one point upon which I lay great stress, viz: delaying the use of an injection for two or three days, or until the acute inflammatory condition has subsided and the discharge appears. The use of an injection in the first stage of gonorrhœa is very painful, and tends to increase, instead of allay, the existing inflammation; but if acetate of potash and uva ursi are first administered, the urine is rendered bland and less irritating, the inflammation subsides, the urethra becomes less sensitive, and the whole organ is in a far more favorable condition for the reception of local medication.

A utilitarian consideration in cases of this sort

is, that if stricture should supervene where an injection has been ordered at the onset of the attack, the patient is likely to associate the stricture with the pain caused by the injection, and attribute it to unnecessary strength of the latter.

The internal treatment suggested, as compared with the specifics, meets all demands, and does not produce the unpleasant effects—nausea, cutaneous eruptions, renal pain, etc.—attendant upon the administration of copaiba, cubebs and sandal wood.

The disgust expressed by some patients for the "specific treatment," and the decided objection of others to be placed upon it, have influenced me in adopting the method described, and I have never yet had cause to regret it.

4017 Locust Street.

Translations.

POLYPS OF THE LARYNX IN CHILDREN.

BY C. J. MOURE.

Polyps of the larynx are very rare lesions in childhood. In the work of M. Causit there are found only forty-six observations of this sort, which are the whole of the cases published up to that time, and eight new ones, some addressed to this author by specialists and others gathered by himself. Since the work of M. Causit, Dr. C. Fauvel has published five cases of polyps of the larynx in children from four to eight years old. In all the cases cited by this last author the neoplasms were papillomatous; four times they occupied the inferior vocal cords, and once the surface of the larynx, as in the case I am about to relate.

The 16th of April, 1879, Mme. C., came to consult me about her son, five years old, whose voice had become gradually hoarse and his respiration labored. She said that three years ago her child's voice had become a little muffled, and since then the hoarseness had increased progressively, followed by respiratory difficulty more and more pronounced; she had also noticed that in moments of contrariness or emotion his breathing became embarrassed and more and more noisy; for six months, moreover, the breathing had been constantly difficult and labored, the inspirations whistling at times, and in moments of anger the child breathed only with great difficulty; he experienced also, from time to time, especially at night, fits of cough having some analogy to those of whooping cough (*toux coqueluchoïde*), and followed like these latter by mucous and ropy expectoration. This was believed to be due to a bronchitic adenopathy, and treated, in consequence, without effect.

When this young patient was submitted to my examination, he had a marked dyspnœa, and a very pronounced degree of hoarseness; his voice was uniformly harsh, but his general condition seemed to be good. The fits of cough lasted the whole night, returning at irregular intervals; the child complained of no sensation in the throat. The examination of the thorax showed normal resonance in front and at the back of the chest; the vesicular murmur was weakened; the air penetrated slowly and with difficulty into the bronchial ramifications. The examination of the throat showed no redness, no change of the bucco-pharyngeal mucous membrane; but the application of the laryngeal mirror revealed a series of small warty growths, about the size of a large pin's head; these neoplasms were sessile upon the mucous membrane of the glottis, which seemed reddened in the intervals unoccupied by the vegetations.

Thus all the symptoms presented by the patient: hoarseness of voice, dyspnœa, noisy respiration, whistling inspiration, found a natural explanation in the presence of these laryngeal papillomata, whose excision I suggested to the mother, who asked time for reflection, and did not return to present her child.—*Annales des Maladies de l'Oraille, L'Abeille Médicale, September 13th, 1880.*

THE USE OF CARBOLIC ACID EXTERNALLY IN ERYSIPELAS.

BY DR. C. G. ROTHE,

Altenburg.

In erysipelas, the use of injections of carbolic acid into the subcutaneous cellular tissue at the border of the affected parts is a familiar method, one much recommended, and that has been very successful. In private practice, however, and in erysipelas of the face—the most common form—this is not a very agreeable procedure, to say nothing of its painfulness as applied to the periphery of an inflamed, swollen and already tortured region.

Instead of this I have been accustomed, for years, to employ painting of the inflamed surface and its surrounding parts, every two hours, with a mixture of carbolic acid and oil of turpentine:—

R. Acidi carbolic,	1 part.
Spiritus vini,	1 "
Olei terebinthinæ,	2 "
Tincturæ iodini,	1 "
Glycerinæ,	5 "

and have had occasion to be well satisfied with its success.

The applications are entirely painless, and do not even excite heat of the skin. Commonly this is found wrinkled and pale on the second day. This method does not check the advance of the redness

and swelling any more surely than any other; but a part newly attacked can be restored equally as quickly to its normal condition by the same application, so that the course of an ordinary facial erysipelas is usually terminated in three or four days.

The part that has been painted is covered with a very thin layer of fine carded cotton batting. In case of high fever, or gastritis, of course, the remedies indicated—digitalis, quinine, an emetic, etc.—must be employed.

I have in no case been able to recognize the much vaunted "specific" action of the tincture of the chloride of iron. The course of the disease has always been about the same. I have never had a fatal case; though I have observed recently grave symptoms of meningitis. This occurred in the case of a tailor, forty years old. I found him with the whole of the left half of the face, the ear and the scalp red, swollen and painful, and with moderately high fever. I ordered digitalis and painting with the carbolic acid mixture. The next morning the man was sitting up in bed, with contracted pupils, staring stolidly into vacancy; in one hand a piece of bread was firmly grasped; the swelling of the face was almost gone; instead of the left, the right ear was attacked, and the scalp on the back of the head swollen. On being addressed he gave no answer and showed no appreciation of what was said. The arms and hands, even the head, remained stiff and motionless in any position in which they were placed, as if he were in a cataleptic condition. Pulse 50 and full; temperature 39.7° (103.4° Fahr.); tongue coated. I concluded that strong derivation to the skin and intestines was the best means to check the advance of the disease to the meninges. I, therefore, at once placed on his tongue a gram of calomel, and had five grams of mercurial ointment and two grams of tartar emetic rubbed into the nape of his neck. In three hours the patient had a large passage from the bowels, and was sufficiently restored to his senses to reply to questions. He could not remember what had happened, and complained of notions in his head. The paintings were now carried out regularly and sixty centigrams of quinine given. The next day all the grave symptoms had disappeared, the swelling was everywhere reduced, the skin wrinkled and pale, the pulse 70, the temperature 37.3 (99.1° Fahr.). A mercurial stomatitis was established, which was, however, cured in two days by the use of chlorate of potash.—*Memorabilien*, October 6th, 1880.

MÉNIÈRE'S DISEASE.—After reviewing the observations and experiments of other authors and his own, Guye comes to the following conclusion: 1. In

a general sense, *Ménière's disease* includes every case of vertigo caused by abnormal irritation of the nervous apparatus of the semi-circular canals. 2. In a more restricted sense, Ménière's disease consists in an inflammatory state, either of the semicircular canals or of the middle ear, which excites a vertigo that is more or less continuous. 3. Cold and catarrh of the tympanic cavity play a great part in the etiology of the disease. 4. The majority of the cases are secondary to catarrh or to inflammation of the tympanic cavity or of the mastoid. 5. The vertigo is accompanied or preceded by sensations of rotation, which have a constant order; they begin by a sense of rotation round a vertical axis; next follows a sense of rotation round a frontal axis, forward and backward; then the vertigo becomes general and the patient falls, with or without loss of consciousness; sometimes he vomits. 6. These symptoms are sometimes excited by means used for treatment, like inflation. 7. In some cases the vertigo is accompanied by loud subjective noises, while in others there is a constant low hum. 8. Ménière's disease often causes in children a state resembling chorea, and in adults chronic contractions of the muscles of the face and body. 9. The disease is cured sometimes without, sometimes with, loss of hearing. 10. As regards internal treatment, quinine merits the most confidence. It sometimes causes a cessation of the buzzing which exists, while it increases the deafness.—*Rev. Mens. de Méd. et Chirurgie*, May, 1880.—*N. Y. Med. Journal*, Oct. 1880.

TREATMENT OF HERPES.—M. A. Fournier recommends in cases of herpes that the ulcerated vesicles should be washed with a solution of hypochloride of soda diluted with half its volume of water, and the wound then covered with cotton wool, impregnated with a powder composed of subnitrate of bismuth, four parts, and calomel and oxide of zinc, of each one part. Should the eruption be extensive, absolute repose is recommended, together with bran or starch baths; and, internally, opium and bromide of potassium.—*La France Médicale*, in *London Specialist*.

EPILEPSY CAUSED BY A FOREIGN BODY IN THE EAR.—Dr. Katz, of Berlin, had not long since a patient brought to him, aged thirty years, who suffered from troublesome noises in her left ear and epileptic convulsions. On examining the patient he discovered in the left auditory meatus a black mass, which he extracted with difficulty, and which was found to consist of a roll of cotton wool covered with cerumen. After the extraction the woman was relieved of her pain and noises in the ear, and has not since had any epileptic seizures.—*La Presse Médicale Belge*.—*London Specialist*.

The Specialist and Intelligencer.

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ORIGINAL ARTICLES AND TRANSLATIONS published in the Specialist and Intelligencer will be paid for.

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PRESLEY BLAKISTON,
1012 Walnut Street, Philadelphia.

PHILADELPHIA, NOVEMBER 1, 1880.

SYPHILIS IN RELATION TO MARRIAGE.

Dr. Alfred Fournier has recently published a book, called "Syphilis et Mariage," which contains the substance of what he has been teaching in regard to this subject for some years. It may be summed up as follows:—

The physician who is questioned by a man who has had syphilis, as to the propriety of his marrying, has a very grave responsibility imposed upon him. If he decide amiss, he may, on the one hand, let a man marry only to infect his wife and beget a diseased offspring, or, on the other hand, forbid a marriage which would be perfectly or reasonably safe and close the door against all the advantages which would follow it. When he (Fournier) thinks of the happy couples and the healthy children who owe their happiness and existence to his permit, he cannot but think it is a grave error to say a syphilitic should never marry.

If, then, this be sometimes permissible, when is it so? The answer he gives is:—

1st. In the absence of actual syphilitic manifestations; 2d. After a considerable time from that at which the disease was acquired; 3d. After a period of immunity since the last outbreak; 4th. When the disease has been of a non-menacing character; 5th. After adequate specific treatment.

The first condition is absolute and inflexible; the second admits the exercise of a certain discretion, though it should not be less than three or four years, and is affected by the fifth; the third condition, the period of immunity, he thinks should

be at least from eighteen months to two years. The character of the disease may be shown to be non-menacing by the patient's general condition or by the lightness of his eruptions; while an early affection of the nervous system or the viscera is a very grave sign. By adequate specific treatment, Fournier means active and curative, not timid and indifferent, doses of mercury and iodide of potassium. These are to be used methodically and as indicated in the different stages and degrees of the disease.

This much in regard to the conditions precedent to permitting the marriage of a man who has had syphilis. Fournier, in common with most men who have made a special study of syphilis, considers this a curable disease. The old teaching, that it is ineradicable and descends from father to son to the remotest generation, is abandoned by those who have the best right to positive opinions about it. It may be remarked, in passing, that Fournier is of those who believe in paternal heredity:—that a father may beget a syphilitic child without infecting the mother. But in most cases it is first to the wife that the danger comes, and secondarily to the offspring.

Nevertheless, it is a great thing to believe that both may escape; that, in a fairly healthy person, syphilis is but a grave disease, not an incurable one; that care and patience and appropriate treatment may restore the subject of it to the ranks of healthy men, fit him for marital relations and give him the opportunity to beget sound and sane children that shall not bear the stamp of their father's disease. Such views are no longer novel, and are familiar enough to special students, though they have not yet established themselves in the minds of all who have the shaping of medical opinions. There are still men of eminence and learning who repeat what used to be taught in regard to this matter. Their belief is entitled to the greatest respect, and a presumptuous rejection of it might lead to very sad results. Still the actual experience of men who have made syphilis the study of their lives must carry the greatest weight, and may be rationally accepted by those who wish, with the best light they can obtain, to decide the important questions that may be put to them by men whose happiness will depend upon the answers they then give.

BOOK REVIEWS.

PRESCRIPTION WRITING.—By Frederic Henry Gerish, M.D., Professor of Materia Medica and Therapeutics in the Medical School of Maine, etc. Second Edition, Portland, Me. Loring, Short & Harmon, 1878. 16mo, pp. 51.

A useful little book to help students of medicine who have had no classical education. The author advises—what will probably never be done—that prescriptions be written out in full. A good deal will be gained if his precepts for correct spelling and clear handwriting are followed.

COTTAGE HOSPITALS.—By Henry C. Burdett, Member of Council and Fellow of the Sanitary Institute of Great Britain, etc. Second Edition, Re-written and much enlarged. Philadelphia, Presley Blakiston, 1880. 8vo, pp. 550. Price \$4.50. Cloth.

This book treats very fully of the subject of small hospitals, as implied by their name. The great advantage of such institutions is now fully recognized, and there is a healthy reaction from the era of huge buildings, where the patients are packed close together, and which are only tolerable where it is impossible to secure small and isolated buildings.

The suggestions of the author have a special significance for medical men who reside in small towns, at a distance from great medical centres. For a few such to unite in organizing a cottage hospital would probably be no less to their own profit than to the advantage of their patients. There are many cases occurring in the country which would be greatly benefited by being treated in a building supplied with the appliances and attendance that can only be had in a hospital; while the time and pains and anxiety of their physician or surgeon would be correspondingly diminished.

TUMORS OF THE MAMMARY GLAND.—By Samuel W. Gross, A.M., M.D. Surgeon to, and Lecturer on Clinical Surgery in, the Jefferson Medical College Hospital, etc. Illustrated. New York, D. Appleton & Co., 1880. 8vo, pp. 246.

It has been known that Dr. Gross has been for some years gathering the materials for a work upon this subject, and his occasional papers on this and allied matters has prepared the way for his book. With characteristic and timely independence he strikes out in a path of his own, not ignoring the work of others, not suppressing references to established authorities, but avoiding the too common fault, now-a-days, of making his work a compilation, loaded down with bibliographical notes. This course has added materially to the easy style which marks his writing. As to the matter, we find a complete, though not compendious, description of the pathology of the homologous and heterologous mammary

tumors, followed by a chapter on differential diagnosis and one on their treatment. We have not space to go into details, but, in concluding, and in recommending this work as clear, concise and suggestive, to our readers, must allude to the outspoken declaration of the author that carcinoma "may be permanently relieved by thorough operations practiced in the early stages of its evolution." If this be so, the announcement is a veritable evangel.

BOOKS RECEIVED.

COTTAGE HOSPITALS. By Henry C. Burdett, Member of Council and Fellow of the Sanitary Institute of Great Britain, etc. Philadelphia, Presley Blakiston, 1880. 8vo, pp. 550.

TUMORS OF THE MAMMARY GLAND. By Samuel W. Gross, A.M., M.D. Surgeon to the Jefferson Medical College Hospital, etc. Illustrated. New York, D. Appleton & Co., 1880. 8vo, pp. 246.

MECHANICAL DENTISTRY. By Joseph Richardson, D.D.S., M.D. Professor of the Principles of Prosthetic Dentistry in the Indiana Dental College, etc. Third Edition, Revised and Enlarged. Illustrated. Philadelphia, Lindsay & Blakiston, 1880. 8vo, pp. 443.

MINOR SURGERY AND BANDAGING. By Christopher Heath, F.R.C.S., etc. Sixth Edition, Revised and Enlarged. Illustrated. Philadelphia, Lindsay & Blakiston, 1880. 8vo, pp. 342.

POTABLE WATER. By Charles Ekin, Fellow of the Chemical Society. London, J. & A Churchill, 1880. 8vo, pp. 25. For sale by Presley Blakiston, Philadelphia.

THE PHYSICIANS' Visiting List for 1881. Lindsay & Blakiston.

LITERATURE PRIMERS—PHILOLOGY. By John Peile, M.A. Illustrated. New York, D. Appleton & Co., 1880. 12mo, pp. 164.

ON THE BILE, JAUNDICE AND BILIOUS DISEASES. By J. Wickham Legg, F.R.C.P., Lond., etc. Illustrated. New York, D. Appleton & Co., 1880. 8vo, pp. 719.

THE PRACTICE OF MEDICINE. By Roberts Bartholow, M.A., M.D., L.L.D. Professor of Materia Medica and General Therapeutics in the Jefferson Medical College, Philadelphia, etc. New York, D. Appleton & Co., 1880. pp. 853.

PAMPHLETS.—EUTHANASIA AND THE EVOLUTION HYPOTHESIS. An address delivered before the South Carolina Medical Association, by F. M. Robertson, M.D., Retiring President, Member of the Association, etc. **THE DUTIES WE OWE OUR WOMEN.** An address delivered before the Mississippi State Medical Association, by E. P. Sale, M.D., President.

Selections and Abstracts.

SIMPLE MODE OF ASCERTAINING THE ACUTENESS OF VISION IN SMALL CHILDREN.

BY GEORGE LAWSON, F.R.C.S.

All surgeons who have much to do with Ophthalmic work must have experienced a difficulty in estimating the sharpness of vision in young children who do not yet know the alphabet, and whose sight cannot, therefore, be tested by any test types. I have lately used a very simple method, which seems to answer well. To quote a case:—

A young child, æt. four years, had a marked strabismus, and it was desirable to ascertain the sharpness of vision in each eye. I took a plate and sprinkled on it some mixed bird-seeds, hemp, canary, millet, rape, flax and maw seeds. I selected a hemp seed, and having covered up one eye with the hand, gave the seed to the child, and asked him to pick out a similar seed from those on the plate. When he had accomplished this task, I took a smaller seed, and then one still smaller, until at last I gave him a maw seed, which will correspond as nearly as possible to a letter of *Jager* 1 test types.

If a child can match the maw seed, we may fairly conclude that, had he been able to read, he could have read *Jager* No. 1. Both eyes may, of course, be tested in the same manner. The distance at which the child holds his head from the plate while matching the seed given to him may also be taken into account.

Beads of different size would scarcely do as well, as it would be difficult for a child to compare the different sizes in beads which were all black, and colored ones would not answer, as the child would be guided by the color in his selection.—*Royal London Ophthalmic Hospital Reports, August, 1880.*

HEREDITARY SYPHILIS.—Professor Zeissl contributes the results of a thirty years' experience to the at present much agitated question of the hereditary transmission of syphilis. It is not so much pathological appearances as the ways and means of transmission which are of importance. It is now generally accepted that at the moment of conception syphilis *may* be communicated to the fœtus by the semen of a syphilitic father or the ovum of a syphilitic mother. There is no *must* to this rule, and Zeissl has observed nine cases of healthy children born of parents one of whom had secondary syphilis. As the disease fades in the parents so fades the probability of transmission to the fœtus, though the possibility remains as long as

the disease exists, though latent, in either parent; much more so if in both. The fewer and fainter the symptoms in the parents, the less grave are they in the child. Where the disease is latent in the parent the child may appear healthy at birth, and only after three, six, or more months evince the symptoms of hereditary syphilis. Active syphilis in the parents causes abortion, still-births, or early death of the child. Zeissl believes also (1) that the previously healthy mother may be infected by her child of a syphilitic father, though she be not directly infected by him, that is, the man; and (2) that the child of healthy parents may be infected in the womb of, and by, its mother, should she acquire syphilis during her pregnancy. This last, the "infection in utero" of Kassowitz, is proved by a case reported by Zeissl's son, and is accepted by Guibout, Després, Jullien, Bassereau, etc. Not so easy is it to prove that a healthy mother can be infected by her syphilitic fœtus. Still there is one case on record of a mother being infected by nursing her own hereditarily syphilitic child; and Caspari has inoculated syphilitic virus upon various parts of the body of an apparently healthy mother of a syphilitic child without effect. Zeissl does not accept Kassowitz's theory, that, without going through a disease, one can yet be so penetrated and permeated by it as to possess immunity from contracting it; for he almost daily examined for two years previously the healthy wife of a syphilitic husband, and found no primary lesion, yet she during this time bore two hereditarily syphilitic children, who died soon after birth, herself failing in health and losing her hair soon after the first conception, and showing during the second pregnancy a squamous syphiloderm of the palms. In another case he treated a man in 1865, who married in 1867. He examined the wife almost daily. She bore a syphilitic child in 1868, and another in 1869. After the first delivery the wife had general syphilis, but never an initial "sklerose." He has seen also many analogous cases. The fœtus, then, being syphilitic, the mother is almost invariably so also. A woman can also, according to Zeissl, become infected by the semen of a man, with recent but latent syphilis, without being impregnated, and he states that he has seen many such cases. Here the woman shows late forms, like painful periostitis. More frequently, however, the mother is infected by the fœtus through the placental circulation, and may show symptoms belonging to the condylomatous period of the disease, or, as in galloping syphilis, those of the gummatous stage. Such women may subsequently bear healthy children to a healthy man, or even to the same man if he has become healthy.—*Boston Med. and Surg. Journal, Oct. 7th, 1880.*

SUPPURATION IN THE LOWER LID, DUE TO DENTAL CARIES.—Parinaud's paper is a very interesting one. He thinks that alteration of the temporary or permanent teeth may provoke suppuration in the lower lid on a level with the orbital margin, or in the region of the lachrymal sac, where it simulates tumor or fistula of the sac. The course followed by the pus arising from an alveolo-dental periostitis is intra-osseous, and hence difficult to discover. He thinks that there is a variety of suppuration around the eye, of dental origin, peculiar to children, due to the arrangement of the alveoles of the first and second dentition. In the adult a suppurative process of dental origin is occasionally met with in front of the lachrymal sac. In these cases the pus developed in the alveole may first penetrate into the maxillary sinus, where it provokes inflammation, and secondarily leads to the formation of a cutaneous fistula at the internal canthus; in another series of cases the lachrymal passages are free, the maxillary sinus is not involved, and the connection between the abscess or fistula at the internal canthus and the dental process cannot be discovered. The vascular canals which open constantly by one or two orifices upon the ascending ramus of the maxilla, in front of the lachrymal groove, and which communicate also with the foramina of the alveoles, explain the occurrence of these suppurative processes, which in so many instances are accompanied by necrosis of the orbital margin.—*N. Y. Med. Journal*, Oct., 1880.

A SUBSTITUTE FOR ADHESIVE PLASTER.—Dr. Addinell Hewson, in a paper read before the Philadelphia Academy of Surgery (reported in the *Boston Med. and Surg. Journal*, October 7th, 1880), recommends strongly a mixture of common glue and acetic acid, spread on paper, gauze or muslin.

As to the making of this preparation, all that is required is to make the glue perfectly liquid by melting in a pot set in boiling water, care being taken not to let any water get into it. When the glue is thus made liquid, four parts of officinal acetic acid (twenty-five per cent.) is to be slowly mixed in one part of it. This done, the preparation is complete, saving the addition of a few drops of attar of roses to destroy the smell of the acid, as also of the glue.

It should be put into a wide-mouthed bottle and well stoppered by a long cork, which can always be removed by heating the neck of the bottle. Care should be taken to keep the mouth of the bottle clean by wiping it well with a cloth dipped in hot water; this is for the purpose of preventing the adhesion of any particles of dust there. It is the cleanest method always, when using any liquid pre-

paration, to pour some into a glass, so as not to unfit all of it for use by impregnating it with blood, or the like, with which the instrument of application may be contaminated.

The thinness of the film by which the cohesion of broken parts is to be effected having long since been demonstrated to be essential for perfection of the result, he not only sought for the best means of application, by using a feather or thin strip of wood, but tried to determine what was the best quantity and how long such required to dry. As to the quantity, he found all that was necessary was to saturate the material, varying, therefore, as to the bulk of the latter.

This preparation has the advantages of being easily prepared and at very short notice. If not on hand it can be made in a few minutes, simply by having water in a tin cup on the fire so that it boils, and putting a bottle containing one part of glue to four, by measure, of the acid, and letting the bottle remain in this bath until the glue is fully dissolved and mixed with the acid. All that is then wanted is the addition of a few drops of the attar of roses, to make its odor acceptable to all.

PATHOLOGY AND THERAPEUTICS OF FURUNCLE AND ANTHRAX.—Hofmoke, in a lecture upon carbuncles, states that during the last six years he has treated forty-three cases, and many more of furuncles. Four anthracases were treated by cold or warm cataplasms, operation and compresses wet with lime water, sulphate of copper, or chlorate of potassium. One of these required a second, and one even a third operation. Thirty-nine anthracases were treated otherwise, and the patients were rapidly and pleasantly restored to health. The plan adopted was as follows:—The skin and environs were thoroughly cleansed with a five per cent. solution of carbolic acid water; longitudinal and cross cuts were made, splitting the carbuncle and reaching into the sound tissue at each end, and penetrating downward to the fascia limiting the necrosed tissues; the quadrants were then also incised freely, parallel with the base of the carbuncle, thus cutting the blood vessels leading from the fascia to the skin, and by relieving the stasis, limiting further necrosis and causing a more easy sloughing of tissues already necrosed. Gentle pressure was applied next, to remove purulently degenerated material, and the wound thoroughly cleaned with a five per cent. solution of carbolic acid water, and stopped with tampons of lint soaked in the same. A similarly treated mass of lint was laid over everything, then dry charpie, and finally plaster, or a bandage. In this method, after twenty-four hours of slight or no pain, the tampons of

lint are to be soaked off with a two per cent. solution of carbolic acid water, dead matter removed, the wound washed carefully with a five per cent. solution, and dressed as at first, but now with merely a three per cent. solution of carbolic acid in olive oil, once or at the most twice daily, to avoid carbolic acid poisoning. Lister's gauze under the tampons prevents adhesions. When the wound is clean and healthy, use only simple dressings till recovery.—*Boston Med. and Surg. Journal*, Oct. 7th, 1880.

CIRCUMCISION FOR NERVOUS MANIFESTATIONS.—This has ceased to be a novelty, for the number of cases of epileptiform convulsions cured by slitting or removing the prepuce is already large. The recent reporting of such an one suggests a remark or two. First, it is a mistake to cite the adherence of the prepuce to the glans and the accumulation of smegma, as if these were anomalous. As a matter of fact, this seems to be the normal state of affairs in infancy, and it is the exception to find any other condition. Again, in separating the mucous membranes, if this be done slowly, by insinuating a director between them, and not by pulling them apart, they will not often be torn. They are not usually grown together, but only adherent. Another remark is that it is rarely necessary to ligate the divided vessels after circumcising little children; a firm pinch with the forceps will generally seal them securely, and save much pain and annoyance to the little patient. The insertion of sutures to unite the divided tissues may also be dispensed with, though to have them in place is usually a source of satisfaction to the operator.

TRACHEOTOMY SUPERSEDED.—In the *British Medical Journal*, July 24th, 31st, Dr. McEwen, of the Glasgow Royal Infirmary, advocates the use of tracheal tubes by the mouth instead of tracheotomy. He gives three cases in which he had recourse to the tubes, and their use was attended with very good results. Two were for the relief of œdema glottidis, and one to occlude hemorrhage from the larynx during an operation. The practical conclusions which he draws from these cases are as follows. 1. Tubes may be passed through the mouth into the trachea, not only in chronic, but also in acute affections, such as œdema glottidis. 2. They can be introduced without placing the patient under an anæsthetic. 3. The respirations can be perfectly carried on through them. 4. The expectoration can be expelled through them. 5. Deglutition can be carried on during the time the tube is in the trachea. 6. Though the patient at first suffers from a painful sensation, yet this passes off, and the parts soon become tolerant of the presence of the tube. 7. The patient can sleep

with the tube *in situ*. 8. The tubes, in these cases at least, were harmless. 9. The ultimate results were rapid, complete and satisfactory. 10. Such tubes may be introduced in operations on the face and mouth, in order to keep blood from gaining access to the trachea, and for the purpose of administering the anæsthetic; and they answer this purpose admirably.—*Medical and Surgical Reporter*.

TREATMENT OF GONORRHOEA.—In the *British Medical Journal*, July 24th, 1880, Dr. W. Watson Cheyne suggests a method which is rational, even if his way of accounting for its action should not be correct. He has made up bougies, four to six inches long, whose diameter is that of a No. 9 or 10 solid sound, composed of iodoform, five grains, oil of eucalyptus, ten minims, and cacao butter, q.s. ad forty grains. After urinating, one is oiled and introduced, and kept in place by strapping the orifice of the urethra. If the case is bad, a second is used the same way; after which an injection of a saturated solution of boracic acid in water, or an emulsion of oil of eucalyptus, (one part in twenty or forty) is used four or five times daily, for several days; this, in turn, followed by injection of solution of sulphate of zinc, two grains to the ounce. This treatment, in the hands of himself, effected a cure in about a week.

SWEATING AND OFFENSIVE ODOR OF THE FEET.—Dr. George Thin (*British Med. Journal*, Sept. 18th, 1880,) calls attention to the fact that the odor attributed to the profuse perspiration is often due to changes effected by it in the coverings of the foot; the stockings and shoes. The remedy he suggests, and has used with success, is to change the stockings twice daily, and upon removal to place each pair in a saturated solution of boracic acid. When dried, the bacteria, with which they teemed, are found to be killed and the odor entirely banished. For the shoes he advises the use of cork in-soles. Of these two pairs must be had; one to be worn while the other is soaking in the boracic acid solution. They should be used only for one day at a time, and then be subjected to a night's soaking and a day's drying. They are then purified and fitted to be used again.

DRY TREATMENT OF SUPPURATIVE DISCHARGES FROM THE MIDDLE EAR.—Spencer advises, in place of the hot water douche and astringent solutions generally used, the dry cleansing with absorbent cotton and the dry dressing with the same, to protect the wound from the air, at the same time that they attract the discharge from the middle ear, and cause a gentle stimulation which conduces to healing.—*Am. Journal of Otology*.—*N. Y. Med. Journal*, Oct., 1880.

IODOFORM IN CHRONIC OTORRHOEA.—Czarda gives the results of treatment of otorrhœa by iodoform, in Zaufal's clinic. The iodoform, in powder, was blown in, after the ears had been thoroughly cleaned; later, when the secretion had begun to diminish, a plug of cotton wool impregnated with the iodoform was introduced. The powder or the plug may be left in for three or four days, the ear being thoroughly cleansed each time it is renewed. The suppuration rapidly diminishes, and the pus has no fetid odor. From one to four weeks usually suffices for cure, the mucous membrane gradually resuming its normal character. Camphor, ethereal oil of bitter almonds, tannin, or essence of peppermint, will cover the odor of the iodoform if it is objected to.—*Wiener Med. Presse.*—*London Specialist.*

PATHOLOGICAL RELATIONS OF THE EYE AND EAR.—At the recent meeting of the French Association for the Advancement of Science, Dr. Drausart read a note on this subject, founded on four cases which had come under his observation. He arrived at the following conclusions:—That there exist pathological relations of a reflex character between the eye and the ear; these take place through the trigeminus, and are such that a wound of the eye may bring on deafness, or may improve a deafness already existing. This reaction of the eye upon the ear, which appears capable of producing reflex deafness, or of ameliorating existing deafness, seems to occur by preference under certain pathological conditions—such as syphilis, alcoholism, lymphatism, or scrofula.—*Le Progrès Médical.*—*London Specialist.*

PECULIAR OBSTRUCTION OF WHARTON'S DUCT.—Prof. Richet drew the attention of his class at a recent clinical lecture to a peculiar case of a young man, who, while eating some bread, was suddenly seized with a sharp pain in his tongue, which became so swollen that he could hardly speak. It was supposed that there was a foreign body in Wharton's duct; but it could not be discovered until a few days after, when the patient himself felt a sharp point with his tongue. Nothing, however, could be seen; but soon after a small fragment of straw became dislodged from the duct, and the pain disappeared. He had probably eaten a piece of bread which contained the minute piece of straw.—*Gaz. des Hôp., in London Specialist.*

VENEREAL WARTS.—Equal parts of burnt alum and tannin sprinkled in powder upon venereal warts will desiccate them, and they can be rubbed off in a few days.—*Canada Med. Record, Sept., 1880.*

Medical Notes.

PORRO'S OPERATION SUCCESSFULLY PERFORMED.—Dr. Elliott Richardson, of this city, recently performed Porro's operation successfully, the mother being a well-known dwarf, only forty-two inches in height and thirty-two years of age. This is the first successful operation of the kind which has ever been performed by an English-speaking surgeon.

—The *British Medical Journal* says: "The funeral of the distinguished dermatologist Von Hebra, whose death occurred recently, was, by his wish, quiet and unostentatious; but a great crowd of mourning friends, colleagues and pupils paid their last tribute of respect. The students added to the wreaths and crosses which were piled on his tomb one of great size, bearing the inscription:—

"Wer im Gedächtniss seiner Lieben lebt,
Der ist nicht todt, er lebt nur fern,
Todt ist der, der vergessen wird!"

—We learn from the *Sunday Times*, of Nashville, that they have in that city three medical colleges, one of which "is colored." The three colleges have a teaching faculty of thirty-five professors. Last year there were four hundred and sixty-six students in attendance. New medical colleges have also been established as follows: one at Memphis, Tennessee, the "Memphis Medical College," Medical Department of Southwestern Baptist University; and one at Little Rock, Arkansas, "Medical Department of Arkansas Industrial University." The Faculties of the colleges are represented by many medical men who have long been prominent and well-known practitioners.

—The National Board of Health Bulletin, issued October 12th, contains an elaborate report, signed by Drs. Bemis and Mitchell, respecting the existence of yellow fever on the Lower Mississippi, about which conflicting reports have been made. They endorse the statement of Surgeon Sternberger, that there were about one hundred cases of yellow fever between August 1st and September 10th, in Plaquemine parish, La.; that the disease originated from an infected vessel in the immediate vicinity of the Mississippi river quarantine station; and that while the type was mild, local conditions existed which aggravated it into the most fatal form, four dying in one family out of five attacked. The disease having run its course, the report recommends no action at the present time.

—At the last sitting of the International Congress of the Societies for the Protection of Animals, the following resolutions with regard to vivisection were adopted: "That it is desirable to have the employment of vivisection regulated by law; that the rights of science should be respected, while abuses should be prevented; that vivisection be allowed only for purposes for which dead animals cannot be used; that anæsthesia be obligatory in all cases where it is possible; that the animal, after having served for the experiments, be killed immediately; and that it be forbidden to repeat experiments of which the result is definitely acquired, for the purposes of science." The question of homes for lost dogs was discussed; and the Congress declared, with regard to the mode of destruction of dogs, in favor of asphyxia in a dark room. The next meeting of the Congress will be in Vienna, in 1882.

THE LATE GEORGE B. WOOD, M.D.—A paper in commemoration of the late George B. Wood, M.D., L.L.D., read by Dr. Henry Hartshorne, on October 11th, at the hall of The College of Physicians, in Philadelphia, traced the deceased's descent from an ancient English family, descendants of which were among the earlier settlers in this country. Dr. Wood graduated at the University of Pennsylvania in 1815. Immediately after graduating he began the study of Medicine in the office of Dr. Joseph Parrish, and graduated in the Medical Department of the University of Pennsylvania in 1818. Dr. Hartshorne sketched the career of the deceased from that time, through his growing fame, until his death. Though, amid all his labors as a writer upon scientific subjects Dr. Wood found time to indulge in versification, the particular genius possessed by him was a genius for work; like many famous authors, he selected the late hours of the night for composition, working from 11 o'clock until 3 and 4 o'clock in the morning.

Dr. Hartshorne quoted largely from the private journal and the published works of Dr. Wood, to give his hearers a clearer idea of the man and his abilities, which procured for him honors from the leading medical and other societies of this country and of Europe.

AMERICAN PUBLIC HEALTH ASSOCIATION.—The eighth annual meeting of the American Public Health Association will be held in New Orleans, December 7th to 10th. Papers will be presented on abattoirs, epidemics, life insurance in its relation to the public health, the storm-water question in city sewerage, the sanitary engineering problems of the Mississippi river, the hygiene of emigrant ships, the prevention of venereal diseases, voluntary sanitary associations, etc. The special questions to be discussed at this meeting, besides those connected with the papers referred to above relate to methods of preventing the spread, after they have once been introduced, within a town or city, of such diseases as diphtheria, scarlet fever, yellow fever, measles, smallpox, etc., and are as follows: What are the best means of securing prompt and reliable information as to the presence and location of cases of such diseases? What are the best means of securing isolation of the first or of single cases of such diseases, and what are the chief difficulties in securing such isolation? Under what circumstances is it proper to declare such diseases epidemic in a place? Under what circumstances is it proper to recommend the closure of schools on account of the prevalence of such diseases? What precautions should be taken at the termination of each case as to the care and disposal of the dead, the disinfection and cleaning of the room and house, and the period of time at which it is safe to allow the convalescent to return to school or society. Brief, practical papers upon any or all of these points are earnestly requested. Notice of intended papers should be sent to the president, Dr. J. S. Billings, Washington, D. C., or to Dr. E. H. Janes, secretary, New York.

A PROPOSED NEW MEDICAL LAW.—The Obstetrical Society of Philadelphia having, about two years ago, had their attention called to the fact that the laws of Pennsylvania failed to recognize as "privileged" any communication made to a physician in

his professional capacity, even though the information given was absolutely necessary for the proper treatment of the case, asked the College of Physicians of Philadelphia and the Philadelphia County Medical Society to unite with them in endeavoring to procure the passage of a law which would protect the public in its confidential relations with the physician, as it is now protected in its other professional relations. A joint committee was appointed, which forwarded a copy of a proposed law (similar to one that has worked satisfactorily in New York), in the form of a legislative petition, to all of the County Medical Societies in the State, a majority of which have endorsed it. Finally, the State Medical Society also unanimously endorsed it.

The joint committee having obtained the approval and endorsement of the proposed law by so large a number of the physicians of the State, now feel prepared to present the subject to the Legislature at its coming session.

The proposed law reads as follows:—"No person duly authorized to practice physic or surgery shall be allowed or compelled to disclose any information which he may have acquired in attending any patient in his professional character, and which information was necessary to enable him to prescribe for such patient as a physician, or to do any act for him as a surgeon."

To aid in securing its passage the committee ask the assistance of the individual members of the medical profession, by their personal influence with the members of the Legislature.

THE NIGHT MEDICAL SERVICE—A TRIBUTE TO DR. HENRI NACHTEL.—At a stated meeting of the New York Academy of Medicine, held at the Academy's hall on the 7th ult., the following preamble and resolutions were offered by Professor A. C. Post and were unanimously adopted:—

It being one of the objects of this academy to approve and further any innovation tending to advance the science and art of medicine or to facilitate the beneficent practice thereof; and, moreover, it being our desire to show due appreciation to those who may, by their labors, have succeeded in accomplishing such an end, therefore be it

Resolved, That this academy believes that the establishment of the night medical service in the city of New York is a boon to the community, and that by its means much good will accrue to both patients and physicians, inasmuch as it places by the side of the suffering patient skilled medical attendance at the shortest notice, and on the other hand gives the assurance to the physician that his merited remuneration will be duly received.

Resolved, Believing the law to be a benefit, and recognizing the fact that it is to the earnest and well directed efforts of Dr. Henri Nachtel, a stranger among us, that we owe its establishment, we therefore desire to testify to him our appreciation, and to extend our cordial thanks for his disinterested zeal in accomplishing so much good for the welfare of the community, including the medical profession.

Resolved, That the above resolutions, signed by the president and secretary, be engrossed and forwarded to Dr. Nachtel, in Paris.

A motion made by Dr. R. G. O'Sullivan, that the above resolutions be published in the medical and secular press, was also unanimously carried.

Miscellany.

—The *Union Médicale* gives the history of one Guillaume Granié, who died in prison in Toulouse, after fasting sixty-three days.

ZULU ENEMATA.—The Zulus, in giving an enema, place the patient on his head and insert into his rectum the small end of a cow's horn. Into this two pints of water are poured.—*Druggists' Circular*.

—A curious accident lately befell a sailor on a ship that was lying off Brooklyn. The man chanced to step into a coil of rope, one end of which was attached to the ship and the other to a tug-boat which was about to tow her, and when the boat started the rope was drawn so tightly around his leg that the limb was instantaneously and completely amputated.

A GENUINE INCIDENT.—Dr. L. called upon a lady acquaintance the other day, and was met at the door by the lady's little girl. He asked her to tell her mamma that Dr. L. had called. The child went up stairs and presently returned. "Did you tell your mamma?" asked the doctor. "Yes." "And what did she say?" "She said, 'O pshaw!'"—*Oswego Palladium*.

—M. Ricord has lately been suffering from the clumsy operations of a "corn doctor." The operator's instrument penetrated the subjacent articulation, and at one time it was feared that amputation of the toe would be necessary. *La France Médicale* is surprised at the imprudence of the great physician, who, it thinks, ought to know the great danger of selecting an unqualified party to look after one's extremities.

—Hahnemann, the founder of the homœopathic school, was one day consulted by a wealthy English lord. The doctor listened patiently to the patient. He took a small phial, opened it, and held it under his lordship's nose. "Smell! Well, you are cured." The lord asked, in surprise, "How much do I owe?" "A thousand francs," was the reply. The lord immediately pulled out a bank note and held it under the Doctor's nose. "Smell! Well, you are paid."

—The *Times* has a singularly cynical article on the value of titles. It intimates that bogus diplomas are nearly as good as any other; and that the title of M.D. might well be abolished, leaving to every one the right to call himself doctor who follows the indicated profession. Commenting on the prosecution of Dr. Buchanan, in America, for forging medical diplomas, it says, "our ancient universities have sinned quite as much as he, in making degrees a mere matter of money."—*British Medical Journal*, Sept., 8th, 1880.

—In a recent work entitled *Histoire de la Médecine à Troyes*, Dr. Guichet relates that the College of Physicians of that town brought an action against a certain Nicolas Bailli for administering internal remedies to his patients and putting them to sleep. In defense Bailli declared that, having observed that in great operations, amputations, incisions, actual and potential cauterizations, many patients slipped through his hands for want of sleep, he had studied the secrets of nature, and had at last found a cordial, or marvelous essence, which put them to sleep softly, and appeased their sensibility to pain.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U. S. ARMY, FROM SEPTEMBER 25, 1880, TO OCTOBER 1, 1880.

Irwin, B. J. D., major and surgeon. Relieved from duty in Department of Dakota, and to report in person to the lieutenant-general commanding Military Division of the Missouri for duty as attending surgeon at headquarters of that division, relieving Surgeon Spencer. S. O. 205, A. G. O., September 24th, 1880.
Spencer, W. C., major and surgeon. When relieved by Surgeon Irwin to report in person to the commanding general, Department of Dakota, for assignment to duty. S. O. 205, C. S., A. G. O.
Goddard, C. E., major and surgeon. To report in person, at the expiration of his present leave of absence, to the superintendent of the Mounted Recruiting Service for duty as post surgeon at the Cavalry Depot, Jefferson Barracks, Mo. S. O. 205, C. S., A. G. O.
Brown, J. M., captain and assistant surgeon. To accompany battalion sixteenth infantry from cantonment on the Uncompahgre, Col., to Fort Garland, Col., and there remain on duty. S. O. 211, Department of the Missouri, September 22d, 1880.
Brewer, J. W., captain and assistant surgeon. To report in person to the commanding general, Department of the South, for assignment to duty. S. O. 205, C. S., A. G. O.
Tremaine, W. S., captain and assistant surgeon. Relieved from duty in Department of the Missouri, and to report, by letter, at the expiration of his present sick leave of absence, to the surgeon-general. S. O. 205, C. S., A. G. O.
Weisel, D., captain and assistant surgeon. To report in person, at the expiration of his present leave of absence, to the commanding general, Department of the East, for assignment to duty. S. O. 205, C. S., A. G. O.
Harvey, P. F., captain and assistant surgeon. Assigned to duty at Fort Snelling, Minn., S. O., 113, Department of Dakota, September 22d, 1880.
Benham, R. B., first lieutenant and assistant surgeon. Assigned to temporary duty with escort to working parties on extension of Northern Pacific Railroad, at Camp Houston, Dakota Territory. S. O., 113, C. S., Department of Dakota.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, JULY 1, 1880, TO SEPTEMBER 30, 1880.

Bailhache, P. H., surgeon. Relieved from temporary duty as medical officer, revenue bark S. P. Chase, and ordered to rejoin his station as member of the National Board of Health, August 26th, 1880.
Detailed for duty as medical officer, port of Georgetown, D. C., during temporary absence of Passed Assistant Surgeon Fisher. September 17th, 1880.
Miller, T. W., surgeon. Granted leave of absence for seven days from July 17th, 1880. July 13th, 1880.
Gassaway, J. M., passed assistant surgeon. Relieved from duty at Fort Townsend, Wash. Ter., and ordered to report to Surgeon Fessenden, New York. July 7th, 1880.
Granted leave of absence for thirty days from September 1, 1880. August 9th, 1880.
Stoner, G. W., passed assistant surgeon. Detailed as Recorder of Board for the Physical Examination of Cadets of the Revenue Marine Service, July 6th, 1880.
Fisher, J. C., passed assistant surgeon. To proceed to Elizabeth City and Edenton, N. C., as inspector. September 17th, 1880.
Goldsborough, C. B., assistant surgeon. Granted leave of absence for thirty-one days, from August 26th, 1880. August 13th, 1880.
Irwin, Fairfax, assistant surgeon. Granted leave of absence for twenty-one days, from August 14th, 1880. August 2d, 1880.
Mead, F. W., assistant surgeon. Relieved from duty at San Francisco, Cal., and ordered to assume charge of the service at Port Townsend, Wash. Ter. July 7th, 1880.
Cooke, H. P., assistant surgeon. Granted leave of absence for twenty days, from November 23d, 1880. September 6th, 1880.
Guitéras, John, assistant surgeon. To report for temporary duty to Surgeon Sawtelle, St. Louis. July 7th, 1880.
Relieved from temporary duty at St. Louis, and ordered to report to Surgeon Austin, New Orleans. September 28th, 1880.
Wheeler, W. A., assistant surgeon. To report for temporary duty to Surgeon Fessenden, New York. July 7th, 1880.
Benson, J. A., assistant surgeon. To report for temporary duty to Assistant Surgeon Goldsborough, Baltimore. July 7th, 1880.
Banks, C. E., assistant surgeon. To report for duty to Surgeon Heber-smith, San Francisco. July 9th, 1880.

PROMOTIONS.

Godfrey, John, passed assistant surgeon. Promoted to be passed assistant surgeon, from July 1st, 1880. July 6th, 1880.
Brown, F. H., passed assistant surgeon. Promoted to be passed assistant surgeon, from July 1st, 1880. July 6th, 1880.

APPOINTMENTS.

The following candidates having passed the examination required by the regulations, were appointed assistant surgeons, July 6th, 1880:—John Guitéras, of Pennsylvania; William A. Wheeler, of Indiana; John A. Benson, of New Jersey; and Charles E. Banks, of Maine.

Contents.

	PAGE
ORIGINAL COMMUNICATIONS:—	
On the Virus of the Simple Venereal Ulcer (Chancroid. By F. R. STURGIS, M.D.	29
Homatropin. By HENRY S. SCHELL, M.D.	32
Metaphysical Discovery. By P. D. KEYSER, M.D.	33
Erythema Multiforme, caused by Copaiba and Cubebs. By CHARLES W. DULLES, M.D.	35
EDITORIAL:—	
Editorial Announcement.	36
About Contributed Articles.	36
Medical Education.	36
Clinical Reports and Hospital Notes.	37
BOOK REVIEWS.	37
Minor Surgery and Bandaging. By CHRISTOPHER HEATH, F.R.C.S., 37; Potable Water, by CHARLES EKIN, F.C.S., 38; Practice of Medicine, by ROBERT BARTHOLOW, M.D., 38; Bile, Jaundice and Bilious Diseases, by J. WICKHAM LEGG, F.R.C.P., 38.	
BOOKS AND PAMPHLETS RECEIVED.	39
SELECTIONS AND ABSTRACTS:—	
Human Blood in Parasites, 35; Relief of Tonic Spasm of the Eyelid; Lateral Deviation of the Septum Narium; The Production of Diphtheria in the Lower Animals; Toleration of Operations by the Peritoneum; Poisonous Dye-Stuffs; Test for Arsenic; Hirsuties Removed by the Galvanic Pessary; Burns; Paraphimosis; Mental Disorders of Puberty and Adolescence; Delivery in Case of Narrow Pelves.	39-42
MEDICAL NOTES.	43

ON THE VIRUS OF THE SIMPLE VENE-
REAL ULCER (CHANCROID).A CLINICAL LECTURE DELIVERED AT CHAR-
ITY HOSPITAL, B. I.,

BY F. R. STURGIS, M.D.,

*Clinical Professor of Venereal Diseases in the Medical Department of the University of the City of New York; one of the Visiting Surgeons to Charity Hospital (Venereal and Skin), etc., etc.**Reported by HERBERT G. LITTLE, M.D., Clinical Assistant to Chair of Venereal Diseases.*

GENTLEMEN—The subject upon which I propose to lecture to-day will be the *Virus of the Simple Venereal Ulcer, or Chancroid*. Before going into the subject in detail, let me refresh your minds by running over what are usually supposed to be the characteristics of this lesion. The principal one is its capacity for being inoculated, either upon the bearer of the lesion or upon a sound person, producing in such cases a lesion identical in all respects with the one from which the inoculated matter was derived, this in its

turn being capable of propagation through several generations. Another is its destructive action, which causes evident loss of tissue, and which is followed, after healing, by a scar. A third is the absence of what is known as a period of incubation, the erosive action taking place almost immediately upon the introduction of the virus beneath the skin or mucous membrane. These are the points which heretofore have been considered peculiar to the chancroid, and which it was supposed to share with no other known lesion, whether syphilitic or non-syphilitic.

Within a few years this definition has been questioned, and to test the point experiments have been instituted with matter taken from pustules of ecthyma, acne and scabies. The most recent American writer on this subject, the late Dr. Bumstead, in the fourth edition of his work, makes the following assertion: "The chancroid does not depend upon a specific virus of its own, incapable of being generated *de novo*." Let us see upon what grounds such a statement is based.

If the inoculations of simple pus result in pustules similar to the source from whence they are taken, it is evident that we must accept one of two conclusions: either that simple pus is endowed with a virus, or else that the so-called chancroidal virus is a myth, and that its capacity for inoculation is due to some other cause than a specific poison. The first recorded experiments are those instituted by Dr. Pick, of Vienna, in the venereal wards of Prof. Zeissl. The pus of scabies, pemphigus and acne was inoculated upon syphilitic patients in the wards, with the result of producing ulcerations which were auto-inoculable for several generations; precisely similar to what we find to be the case in the chancroid. These experiments, it must be remembered, were made upon syphilitic persons, in whom the skin is more or less irritable, and perhaps predisposed to take on ulcerative action; for, when the same kind of matter was inoculated upon persons who were free from syphilis, no positive results followed, the inoculations remained negative; and this was true also when the experiments were made upon the bearers of the scabies, acne, etc., from which the pus was taken. In brief, Pick found that simple pus was capable of producing ulcerations upon syphilitic persons and upon no others.

The second series of experiments were made by Drs. Reeder and Kraus, and were confirmatory of Pick's experiments. Matter was taken from the fresh pustules of scabies and inoculated upon syphilitic persons with success, for two or three generations of such inoculations. When, however, similar pus was inoculated upon persons free from syphilis, the results were always negative. These gentlemen, moreover, found that only recent pus was capable of inoculation. Matter from old lesions gave no result.

The third set of experiments was made by an American physician, Dr. Edward Wigglesworth, Jr., during the winter of 1867-68, while he was studying in Vienna. This gentleman states that he was free from all taint, whether hereditary or acquired; that he had never had a sore of any kind, or lesion of skin or mucous membranes; and that at the time of his experiments he was simply run down from overwork. He took some pus from an acne pustule on his own person, and inoculated himself on the forearm, "first pricking open the apertures of the hair follicles, and then rubbing the pus into them." Three punctures were made, and in three or four days three well marked pustules followed. Three fresh inoculations were then made with the matter from the more recent pustules on the same arm, and again the result was positive. Pus was again taken from these latter and three fresh inoculations made, with a similar result.

"The second series," Dr. Wigglesworth says, "was hardly so well marked as the first, and the third series was slightly inferior in vigor to the second; still all were well marked, the nine sores being at the same time present upon my arm. On removal of the crust, perceptible ulceration of the skin was found to exist. There were no buboes in my case, nor did the ulcerations require other treatment than exclusion from the air by means of a simple dressing, and cleanliness. The scars remain to the present day."

Now, let us weigh the full meaning of this experiment. Simple pus is inoculated upon a person free from syphilitic or any venereal taint, and as many pustules are produced as there are points inoculated, which pustules are identical in appearance with those from whence the matter was taken. These fresh pustules again furnish pus which is

auto-inoculable, and this goes on through three generations. These pustules are followed in all nine instances by ulceration.

Compare this with what occurs in a chancre. You recollect that I told you that the chancre was capable of auto-inoculation—so is the pus from this acne pustule; the chancre destroys tissue and produces ulceration—so does the pus from these pustules; the chancre shows its characteristic pustule in two or three days after the inoculation—so does this pus from an acne pustule. In short, both kinds of pus show auto-inoculability, ulceration, and no period of incubation. Nor is the lack of vigor in succeeding inoculations, in Dr. Wigglesworth's case, different from what we find in the chancre; for, in this latter, as the pus from succeeding ulcerations from the same source is inoculated, it gradually grows weaker until finally it is incapable of inoculation, as was amply proved in Lindmann's experiments in 1851. Here are some of the characteristics which we believe to be the special property of the chancre, appertaining to simple pus. What shall we say? Shall we attribute to simple pus a specific virus? or shall we deny it to chancreal matter? Before deciding upon this question let me relate some further experiments with pus derived from simple non-venereal affections.

In 1853, Dr. E. Vidal, surgeon to the St. Louis Hospital, in Paris, made some experiments with the pus of ecthyma, occurring in typhoid patients. He gives three of these experiments in full, of which I shall give you the abstract. In the first case he made two separate inoculations with ecthymatous pus, and the fourth day after a pustule was formed at the point of inoculation. In the second case, with the same kind of pus, he made two inoculations; both of them at the fourth day were followed by positive results. In the third case three inoculations were made, of which all three succeeded upon the fourth day. He then took matter from one of the recent pustules of inoculation and made one fresh inoculation, which, upon the third day, also gave positive results. The first series ran a course of nine days, and the second a course of six days, when they finally cicatrized. He then, upon the same patient, made a fresh inoculation with matter taken from a large sanguineo-purulent pustule, which, upon

the fourth day, produced a marked pustule, seated upon a hard, deep-red base. This broke upon the sixth day, upon the seventh was covered with a brownish crust, and finally healed up, the hard base upon which it was situated also disappearing. When the patient went out, after a three months' residence in the hospital, the cicatrices were still visible at the inoculated points. Vidal then made a fourth series of experiments, this time upon a person free from typhoid fever, but the bearer of a simple ecythema. The first experiments comprised three inoculations, which were followed upon the fourth day by positive results. He then followed up the investigation by inoculating matter taken from the original pustules, from the recent pustules produced by inoculation, and also ecthymatous matter which had been exposed to the vapor of the essential oil of turpentine. Three inoculations were made with each of these different kinds of matter, with the following result. That made with matter from the original ecthyma succeeded perfectly—the pustule was prominent and surrounded with a red areola; that in which the contents of the pustules produced by inoculation were used was less successful—the pustule was well marked, but the areola was not; that made with matter which had been subjected to the vapor of turpentine was the least successful—the result was rather a papule than a pustule, and the areola was almost entirely absent. Upon the seventh day after the inoculation the pustules of the first set of inoculations were covered with a brownish crust, which in a few days dropped off; the pustules of the second healed up in the course of two or three days. Let me add that all these experiments were made upon the bearers of the lesions which furnished the pus; that is, they were what is called "auto-inoculations."

In order to test the question of its inoculability upon sound persons, Vidal inoculated himself and the pharmaceutical interne of the hospital with matter taken from ecthymatous pustules upon a patient with typhoid fever. In both instances the results were negative.

Let us now review the experiments I have detailed to you, for purposes of comparison, grouping them as German, American and French, in the order in which I have given them. *First*, as to the German experiments: simple pus is inocu-

lable upon syphilitic persons, and upon them auto-inoculable—upon sound persons, as well as the bearers of the original lesions, the experiments are negative. *Second*, in the American, simple pus is auto-inoculable. No attempt is made to convey the disease to healthy persons. *Third*, in the French series, simple pus is auto-inoculable, but is incapable of being conveyed to healthy persons.

Note one important point here: all of these experiments were successful upon people whose health was below par. In the first series, the persons were debilitated by syphilis; in the second, the subject was run down by overwork; and in the third, three were suffering from typhoid fever, while the fourth was of a lymphatic and sickly temperament. In so far, then, as the question of auto-inoculability is concerned, chancroidal pus would not seem to differ from simple pus; and unless we consider that simple pus is endowed, under certain circumstances, with virulent properties, we must consider that the same laws govern both, and hence we should be forced to deny a specific virus to the chancroid. Shall we then consider the positive results as due simply to the result of inflammatory action? I think such a position would be tenable; and the fact that simple pus is incapable of being inoculated upon healthy persons is because the latter is not of sufficient strength to produce inflammation in sound tissues, while it will do so in those which are debilitated from disease or from any other depressing cause. In other words, it is the debility of the subjects which renders their skins prone to take on ulceration and suppuration from causes which would be inert were they in perfect health.

But, before deciding positively upon this question, further experiments are necessary. These, to be of any value, should be made upon sound persons whose skin is irritated either by friction or by some artificial excitant, such as savin or the like. Should the results of inoculation then be positive, it would prove that the inoculability of both kinds of pus, chancroidal and simple, was due merely to inflammatory action, either in the tissues themselves or in the matter which was used, and not to any specific virus in either.

Until, however, this point is proved, we are only warranted in drawing the following conclu-

sions:—*First*, That chancroidal pus, so far as auto-inoculability is concerned, has no quality different from certain kinds of simple pus. *Second*, that this capacity for auto-inoculation is due to debility of the tissues upon which the experiments are made; and *Third*, that simple pus is incapable of being inoculated upon sound tissues; whereas the contrary obtains with regard to chancroidal matter.

Why this should be so, we are not at present in a position to explain, any more than we can explain why gonorrhœal pus, when rubbed upon the mucous membrane of the nose, produces no catarrhal inflammation, while it excites inflammation when deposited upon the mucous membrane of the ocular conjunctiva, of the urethra, or of the vagina. Yet we no longer speak of a gonorrhœal virus, and although I have retained in these lectures the term "chancroidal virus," I do so only because it is convenient, and because we are not yet in a position to entirely abandon its use.

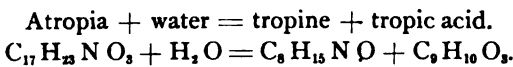
16 West Thirty-Second Street, New York.

HOMATROPIN.

BY HENRY S. SCHELL, M.D.,

Surgeon to Wills Hospital and Ophthalmic and Aural Surgeon to the Children's Hospital.

This new alkaloid, as obtained from the manufacture of E. Merck, in Darmstadt, is in the form of the hydrobromate. It is made from atropia in the following manner, in conformity with the process described by Professor A. Ladenburg, of Kiel, in announcing the discovery. Professor Ladenburg had been engaged in some experiments upon the possibility of making an artificial atropia. In investigating this subject he found that atropia may be split up into two bodies, viz: *tropine* and *tropic acid*, by the action of baryta and hydrochloric acid, thus:—



By warming tropine with dilute hydrochloric acid and various organic acids, he obtained a corresponding variety of new bases which he named *tropœines*. These have all more or less interest; one of them is exceedingly poisonous, and another, which he calls *oxytoluyt tropœine*, or homa-

tropin, is the subject of this communication. The organic acid used in the manufacture of homatropin is the amygdalic.

Mr. Merck states in his circular to the trade that homatropin, the base, crystallizes in colorless, transparent, regular crystals, which, although hygroscopic, do not readily dissolve in water. The best salt for practical purposes seems to be the hydrobromate. This is not hygroscopic, but is soluble in ten parts of water, and the solution appears as little liable to spoil as that of atropia, and less than that of duboisia sulphate.

Homatropin hydrobromate has two important spheres of usefulness. First, as a mydriatic, and second, as a suppressor of the accommodation.

The two chief uses of *mydriatics* are to dilate the pupil for the purposes of ophthalmoscopic or other examination, or else to widen the pupillary aperture and to retain the iris in that position during the progress of various inflammatory or traumatic affections of the eye.

1. With regard to the visual exploration of the eye, homatropin is the most useful drug yet known. One drop of solution, of the strength of one grain to the fluidrachm of distilled water, placed inside of the lower lid, the usual precaution of pressure upon the lachrymal duct being observed in order to prevent the drop from escaping, has a perceptible effect upon the pupil within ten minutes. In less than half an hour the dilatation is complete. The pupil commences to decrease again in about two hours, and in ten hours is restored to its original size. Where there is no inflammatory process going on in the anterior parts of the eye, and where we merely wish to examine the interior of the organ in cases of suspected choked disk, retinitis albuminurica, commencing cataract, etc., the mydriasis is much preferable to that of atropia or duboisia. The mydriasis of atropia lasts often for ten days, and that of duboisia for five, entailing no small amount of discomfort upon the patient for that length of time.

2. The use of homatropin in the *treatment of ocular diseases* is inadvisable, for several reasons. In about fifty per cent. of the cases in which I have used it experimentally it has produced conjunctival irritation. This was in no instance alarming. Mostly, it was a merely transient suf-

fusion of the conjunctival vessels without discomfort to the individual, but in some cases it was attended with a slight smarting sensation. In every instance it subsided, without treatment, in an hour. It is possible that this irritant effect may be owing to the salt not being absolutely neutral. Very little of it has been used, and it is now making its appearance in our markets for the first time. Manufacturing processes become more perfect when large quantities are produced. Ten years ago much of the sulphate of atropia to be found in the shops was quite as irritating as the homatropin of to-day. Another reason, however, for the unsuitability of homatropin for the treatment of eye disease lies in the very impermanence of its effects. In iritis, for instance, we want a powerful effect of dilatation, and we want to preserve a maximum dilatation with as few applications as possible. Atropia, therefore, will continue, for the present, to maintain the superiority which it has always enjoyed in the treatment of certain forms of ocular disease.

As a *suppressor of the accommodation*, homatropin is especially convenient. For this purpose a solution of the strength of two grains to the fluidrachm of distilled water must be used. Weaker solutions are of no value in small quantities and inconvenient to use in large ones. Of the solution mentioned one to five drops may be needed to obtain complete paralysis of the ciliary muscles, according to circumstances. In ordinary myopia, and in emmetropia, one drop will be sufficient; but in hypermetropia in young subjects, or when there is any ciliary spasm, more than one drop must be used, which obtains as well with the use of strong solutions (1:60) of atropia. In emmetropia, one drop of the prescribed solution of homatropin begins to affect the accommodation in ten minutes, produces full suppression in about an hour or less, recession begins in about three hours and is complete in ten hours from the time of instillation. No unpleasant constitutional effects are observable.

This is, of course, far preferable to atropia with its ten days of weary waiting in partial blindness, a state which is almost insupportable to busy people, and deters many persons from having important examinations made of their organs of vision. Duboisia paralyzes the accommodation

for about half the time occupied by atropia, and is, to that extent, more tolerable. The unpleasant constitutional effects of atropia, the dryness of the mouth and throat, the flushing of the face, the simulation of the febrile condition which so often occurs, especially in children and delicate persons, are too well known to need comment. These and the giddiness produced by duboisia are avoided by the use of homatropin.

"METAPHYSICAL DISCOVERY."

BY P. D. KEYSER, M.D.

It is a curious part of human nature to see how many people consult uneducated and unscientific persons, to be treated for their ailments. The well known expression, "The majority of people wish to be humbugged," seems to be true. It ever was, and no doubt ever will be, the fact, as long as the world stands, and mysticism and superstition reign over scientific and educated ideas.

Who thrives better than the patent medicine manufacturer or vender in this community? Who studies harder and more assiduously to relieve the suffering of his fellow being than the educated physician? And who is thanked and remunerated less by the mass of the people than he? One thing is certain, however, that often after trying many of the advertised remedies, the educated physician is consulted at last, and in very many cases too late. With these few preliminary remarks I desire to present three cases that came under my notice this year.

In May last Mrs. R., aged 37, called to consult me in relation to the loss of her vision. On examination I found opaque corneæ with chronic conjunctivitis. Vision reduced to $\frac{5}{60}$. The history given was, that having been troubled for a long time with a fluttering in the ears, she was, some months previously, advised (no doubt by some good, kind friend) to try "Mrs. Brown's Metaphysical Discovery." Concluding to do so, she called at the office or depot of that remedy and received three bottles, with the following physiological advice: "One bottle contains a fluid to be rubbed daily on the head, absorption of which takes place through the scalp and goes to the brain. Another bottle contains a liquid to be instilled twice daily in the eyes, through which organs it would pass into the brain also;

and a third bottle, the contents of which must be dropped into the ears, so that it can reach the brain from this direction. By carrying out these directions for some time you will receive relief."

Believing in this very scientific advice she commenced the use of the articles. The eye-water caused some irritation, and the drops in the ears gave pain; but being advised not to mind this, and to continue, she used the articles for a month or so, when the eyes becoming inflamed, she was obliged to discontinue the eye-water for awhile. After some days' rest she commenced the use of the eye-water again, but in a few weeks was forced to discontinue it altogether, on account of the increase in the inflammation in the eyes and the great dimness of vision. After a months' rest, without improvement; she came to consult me, and I found the condition above described.

September 16th, Mrs. K. T., aged 55, presented herself at my clinic at the Wills Eye Hospital in the following condition: Corneæ more or less hazy, more particularly so the centres, across which ran numerous small vessels; annular posterior synechia; anterior chambers shallow; tension normal; chronic inflammation of the conjunctiva; vision, R. E., distinguishment of light and passing objects only; L. E., can just count fingers at from six to eight inches. The history given was that in February last the eyes became inflamed, from a constant use of Poor Richard's eye-water in connection with a wash for the head and drops for the ears, given her at the depot of "Mrs. Brown's Metaphysical Discovery," for a deafness that she was suffering with. She reports that she never had any inflammation of the eye previous to that time.

September 22d, I saw Miss M. M., aged 30, suffering with great pain in the right ear, from acute myringitis. She had been troubled for some time with a rumbling in the ear, and having been recommended to use "Mrs. Brown's Metaphysical Discovery," she consulted the person at the depot of that article and purchased the remedies—a wash for the head, an eye-water, and ear drops—with the same *metaphysical* dissertation on its use, as to the absorption thereof through the scalp, eyes and ears, to reach the brain, and thus cure the disease. On retiring to bed that same night she applied first the lotion to the head, then

instilled the collyrium in the eye, which smarted somewhat, following which the drops for the ear were put in, and this capped the climax; for in a minute or two after these passed into the ear she experienced the most exquisite pain, which lasted all night, causing her to walk the floor constantly until morning, with agony. The next morning early she was brought to my office for relief.

Empiricism thrives, as a general thing, on that class of people who have not been taught the value of higher and scientific education. It is a well known fact that education removes superstition and mysticism from the minds of those receiving the instruction; and as reliance is thereby placed in those teaching, or capable of instructing, and professing to have a knowledge of scientific branches that others have not acquired, it is as necessary and important that all professional men should be educated in the highest standard, so that the people may place the utmost confidence in their learning, as it is to instruct the people so as to open their minds and thoughts to the advantages of knowledge and learning.

It is only through education that man is capable of the proper and higher exercises of the mind, as reflection, abstraction and generalization; and it is a law of nature that one stage of being should serve as a preparation for another; thus, on a well instructed preparatory education depends the proper reception of scientific learning, with the necessary power of perception, observation and judgment.

By so doing, the people will soon learn that it is to the properly educated physician they must look for genuine metaphysical discoveries and relief, and not to the uneducated, unscientific mind. The forward steps that have been taken the past few years for higher education of the people, as well as the profession, will do much to destroy the business in empirical remedies and lead to great benefit as well as enlightenment in this country.

1630 Arch Street.

The *American Monthly Microscopical Journal* for November, contains a design for a new stereoscopic ocular, by which binocular vision can be used with high powers.

ERYTHEMA MULTIFORME, CAUSED BY
COPAIBA AND CUBEBS.

BY CHARLES W. DULLES, M.D.,

*Surgical Registrar to the Hospital of the University of
Pennsylvania.*

A few days since a stout, healthy-looking young man came to me to be treated for an eruption which had come out the day before, so suddenly and so profusely as to alarm him very much. On examination I found almost his whole skin covered with blotches of varying size, bright red in color, and slightly elevated above the general surface. The redness I found also upon the hairy scalp. The blotches were so numerous on his face as to be nearly confluent; on his trunk they were less so, though there was but little clear skin between them. Here, too, they were made up in part of distinct, though small, papules, arranged, in many cases, in a crescentic form. The legs and arms were thickly strewn with small patches of broad, low papules, and a few of these I found in the palms. The eyes were a little puffy, and there was some lachrymation. I was told that there had been no disturbance of the digestive or urinary functions, the only subjective symptom complained of being a sore throat. The left tonsil I then found to be enlarged.

The general resemblance of the eruption to urticaria made this the first that suggested itself. But it lacked the intense itching and the ephemeral character of the individual lesions, which had persisted and did persist as individuals as long as the whole number did. Next, the question of smallpox arose, as there had been a case within a few yards of where the patient lived, and it was possible, as he feared, that he too was attacked. He gave a history of malaise, headache, and pain in the back, which required that the idea of variola should not be too hastily dismissed. Again, the appearance of the eruption was not unlike that of measles, in certain places, and this had to be considered. Yet the points of difference in regard to both these, and, in fact, to all the eruptive fevers, were more numerous than the points of resemblance. So I dismissed the idea that the disease was of this class, and turned my investigation in the direction of syphilis. It was possible, I thought, that I had to do

with a rare form of syphilitic erythema; though the sudden onset of the eruption and its general appearance were unlike anything I had ever seen of this sort. However, of syphilis I found no trace; but, on examining the genitals, I did find—what cut my further search short—a gonorrhœa. A few more questions brought out the fact that the patient had had this about ten days, and for that length of time had been taking a mixture obtained from a counter-prescribing druggist. This I soon learned was made up of copaiba, cubebs and sweet spirits of nitre.

The case now seemed clear enough. I regarded it as one of erythema multiforme, due to ingestion of copaiba and cubebs, ordered the mixture to be thrown away, and prescribed a diuretic of acetate of potash and spirits of mindereri. With this and a day's rest in bed, the patient was cured in two days.

[Since the writing of these notes, a very able paper, by Dr. Arthur Van Harlingen, on the subject of "Medicinal Eruptions," has appeared in the *Archives of Dermatology*, October, 1880. This contains a systematic account of the various medicines which have been known to be followed by eruptions. In it there is an abstract of a case reported by C. Mauriac, which is very similar to the one just given. Had I seen this paper before being confronted with the case just narrated, it would have made the determination of the diagnosis a much easier matter.]

HUMAN BLOOD IN PARASITES. — Dr. Charles O. Curtman, of St. Louis, has been investigating the blood found in the bodies of mosquitoes and bedbugs, and asserts, in the *Medical Herald*, Nov, 1880, that in all cases of the former, up to forty-eight hours after a meal, a large proportion of human blood corpuscles were unchanged and readily recognizable. The size and color of mosquito blood are very different from human. As the result of more than one hundred careful measurements, he gives the following sizes: human blood (after imbibition by the mosquito) averages, in dilute glycerine, 1-3200 inch; in 80 per cent. alcohol, 1-4000 inch. Mosquito blood averages, in dilute glycerine, 1-14000 inch; in 80 per cent. alcohol, 1-18000 inch. Later experiments prove that bedbugs digest human blood far more readily than the mosquito; after twelve hours no trace of human blood being discovered.

The Specialist and Intelligencer.

COMMUNICATIONS for the Editorial Department of this Journal, Books for Review, etc., should be addressed to the Editor, care of the Publisher.

ORIGINAL ARTICLES AND TRANSLATIONS published in the Specialist and Intelligencer will be paid for.

ADVERTISEMENTS, remittances of subscriptions, etc., should be addressed to the Publisher.

PRESLEY BLAKISTON,

1012 Walnut Street, Philadelphia.

PHILADELPHIA, DECEMBER 1, 1880.

EDITORIAL ANNOUNCEMENT.

It is with pleasure that the editor calls the attention of the readers of the SPECIALIST AND INTELLIGENCER to the interest in it which has made it possible to present, in each succeeding number, four pages more of reading matter than was promised in the original announcement. He is also glad to be able to point to the quality of the matter as an indication of what may be expected in the future, having abundant guarantee of the co-operation of professional men in different parts of the country, whose contributions cannot fail to give to these pages a very real value.

As it is the desire of the publisher as well as the editor to establish this journal upon a basis of merit, it is thought right to assure its readers that its pages are devoted entirely to their interest, and that no effort will be spared to make it valuable to them. The original articles will be upon practical subjects; the abstracts will be made as carefully and with as judicious selection as possible; and the book reviews and criticisms will be thorough and impartial.

ABOUT CONTRIBUTED ARTICLES.—We shall be very glad to receive from any of our readers original articles that have a practical bearing upon any specialty. They will receive careful consideration, and if, in our judgment, they are calculated to be of service, we shall publish and pay for them. If not, we shall notify the authors promptly, and return them if the postage required is sent to us.

MEDICAL EDUCATION.

A great deal has been said, of late years, in regard to reform in medical education in America, and not a little done. The advance has been decided, and we are getting more and more familiar with the idea that full and thorough training is required to fit men to become the custodians and restorers of the public health. Already all the medical schools that put a high standard before pecuniary gains have required, or intend soon to require, longer periods of study. The best have also extended their curricula, so as to make them include matters which have heretofore been left to post-graduate study, or—as in most cases—to utter neglect. But there still remains a great deal to be done in this direction; a great deal which we think of the utmost importance.

As yet the demand for longer terms has been urged too much as if this were an end instead of a means. It has had more prominence than the call for a wider and more inclusive range of study, to which the former is only secondary. Longer terms are called for, because of the necessity for fuller preparation; not simply to secure a more thorough knowledge of the branches that used to be taught from the time-honored seven professorial chairs. This, it is true, has not been ignored. Already at Harvard and in the University of Pennsylvania the number of full professors, attendance upon whose lectures is obligatory, has been increased; yet, even in these schools, there are branches still optional which are far too important to be left so; and in most of the schools the conditions are not nearly so good.

This is very much to be regretted, and the work of reform in medical education must not halt so long as it can be said that it is possible for a man to take his degree, in any decent medical school, without ever having seen a case of disease of the eye, ear or skin, or a solitary sick child.

For it is not right that the cases a young man

is most apt to be first confronted with—and these at a time when knowledge of their nature would prevent much subsequent trouble—are the very ones of which he should be sent out in the greatest ignorance. What will it avail him to be able to diagnosticate a rhabdo-myoma by microscopic analysis, or describe an operation for laceration of the cervix uteri, if he do not know a pityriasis versicolor when he sees it, or have not the remotest idea how it should be treated? What if he be able to analyze quantitatively and qualitatively the chemical constituents of the white substance of Schwann, but have never heard that many an obscure array of symptoms in babyhood depends upon an inflammation of the ears? And, though he have made countless accurate tracings of blood pressure in vivisected animals, is he fit to practice if he know not what a commencing iritis looks like, or what to prescribe for a conjunctivitis? We mean no disrespect to the careful study of pathology, or uterine surgery, or physiology, chemical and experimental; but we wish to point out what we believe to be of far greater importance to most students than the refinements of these, namely: practical training in the symptoms and treatment of diseases that have been altogether too much regarded as belonging to the sphere of a limited class of practitioners.

There can be no doubt that only men who bend all their energies to mastering specialties can do them justice; but there is also no doubt that every man who practices medicine should be able to classify the special diseases that present themselves to him, recognize when they can be properly treated by him and when they are beyond what he can legitimately expect of himself, and so be in a position to cure them or send them to specially skilled men to be treated. All of our first-class medical schools now offer instruction in these special branches, but attendance upon it is not obligatory. Some students avail themselves, after a fashion, of the opportunity to learn some-

thing about them; but what is needed is that all shall be forced to do so. These branches ought to be a part of the regular curriculum; time should be set apart for their study, and no student be graduated without having passed an examination in them. They have been looked upon too long, by students—and the faculties have seemed to be of the same mind—as luxuries of medical education, which they are not; but the veriest necessities.

CLINICAL REPORTS AND HOSPITAL NOTES.—We desire to incorporate clinical lectures and notes of practice in the columns of this journal, and shall be glad to receive such reports, in as condensed a form as possible. We would suggest, to insure correct reporting, that the notes be submitted in manuscript to the lecturer before being sent to us.

BOOK REVIEWS.

A MANUAL OF MINOR SURGERY AND BANDAGING. By Christopher Heath, F.R.C.S., etc. Sixth Edition, Revised and Enlarged. Illustrated. Philadelphia: Lindsay & Blakiston, 1880. 8vo, pp. 342, Cloth. Price \$2.00.

It is an evidence of the character of this book that it has already had such an extensive circulation, the reason for which will be apparent to any one who examines its pages. It is written with an especial view to the needs of young surgeons in England and in English hospitals, but the advice given shows familiarity with conditions that are universal. The introduction contains common-sense suggestions in regard to the duties of a hospital resident—to himself and to his patients—which might be read with profit by every man who occupies such a position in an American hospital.

Of the general surgical instructions it is not necessary to say much; but attention may be called to the care recommended in the rare, but occasional, cases of alleged or suspected rape; the ingenious extemporaneous reflector of Esmarch, figured on page 152; the suggestion, in examining a hydrocele, to look through a tube, like that of a stethoscope, for example, as a few of the evidences of attention to detail which is one of the chief merits of the book.

There are some features of the work which strike an American as peculiar, *e.g.*, the cursory and inade-

quate way in which manipulation, as a method for reduction of dislocation, is spoken of, and the advice, in strapping leg ulcers, to make the strips of plaster surround the whole leg and cross in front. Yet, as a whole, this book merits strong recommendation. It is the best of its kind we have ever seen.

POTABLE WATER. By Charles Ekin, Fellow of the Chemical Society. Philadelphia; P. Blakiston. 1880. 8vo, pp. 25. Cloth. Price 75 cents.

This monograph is written to show how a judgment is to be formed on the suitability of water for drinking purposes, and contains many interesting points. For example, rain water has been said to contain, in a tumblerful, as much impurities as 3373 cubic feet of air, or as much as would be taken in by the lungs in eight days, and that, therefore, it is not pure enough for drinking. The author believes this to be putting the matter too strongly, and that such water, while a vapid and uninviting fluid, is to be tolerated if stored so as to be uncontaminated by sewage. Absolute purity, he tells us, is only a relative term; mineral ingredients do not constitute impurities, unless in great excess; and the use of the word should be confined to organic matter. Further, he does not hold vegetable organic matter to be often dangerous. The difference of opinion in regard to the wholesomeness of waters tested furnishes an opportunity of comment to the author, and food for thought to the reader. The following is a significant statement (on page 16): "A fair trial of the different processes of testing leads to the conclusion that all are absolutely worthless, so far as distinguishing between organic matter that is dangerous and organic matter that is innocuous is concerned, but that probably all may be relied upon as giving a rough approximation as to whether organic matter is present in excess or not." The presence of nitrates or nitrites in quantity over 0.5 to 0.6 parts in 100,000, is said to point to dangerous pollution; and that no amount of percolation will eliminate the germs of typhoid fever.

The book is a little one, but well worthy of study by persons who wish to have definite ideas in regard to its subject.

A TREATISE ON THE PRACTICE OF MEDICINE. By Roberts Bartholow, M.A., M.D., LL.D., Professor of Materia Medica and General Therapeutics in the Jefferson Medical College, etc. New York: D. Appleton & Co., 1880. 8vo, pp. 848.

It is not an easy matter, in the space that can be spared in a journal like this, to do justice to a work of the character before us. It would be easy, in the ordinary way, to run over its contents, and speak of excellencies which are not to be wondered at when it is considered that the author has been already

successful as a practitioner, as an author, and as a public teacher. On the other hand, it would not be hard to select isolated matters for criticism. The book is of a sort which presents many attractions to students and young practitioners, as well as to those older who have not time or opportunity to consult the larger and more complete works that are before the public. Further, coming from the pen of one who has occupied a professorial chair in two medical schools, the book is sure to have a large sale. Among its conspicuous merits is this, that the author, from personal experience, has been led to oppose the skepticism in regard to the results of medication now so widespread, and that he speaks in no uncertain tone in the sections on treatment. The suggestions under this head are of a practical and useful nature, which will give the reader something definite to go on—and who does not know how steady this is to physician as well as to patient?—when he is puzzled, or even embarrassed, in the management of a tedious case.

There seems to be almost a total omission of any consideration of the subject of prophylaxis in the book—an omission which it might be well to correct in another edition. The arrangement of subjects is peculiar in some places. For example, the miasmatic diseases are said to be cholera, diphtheria, cerebro-spinal meningitis, influenza, hay-fever, whooping-cough and mumps; while intermittent and remittent fever are not in this chapter at all. There are a number of places where the expressions used are not as exact or elegant as might be wished. It is in telling what to do, rather than what to think, that the author excels. He does not give the intellectual satisfaction one gets from the clear, logical and erudite utterances of Niemeyer; but he does give plainly expressed and positively laid-down directions for acting, which will meet a very positive need in most practitioners' experience.

ON THE BILE, JAUNDICE, AND BILIOUS DISEASES. By J. Wickham Legg, F.R.C.P., London, etc. Illustrated. New York: D. Appleton & Co., 1880, 8vo, pp. 719.

This large and very handsome book treats of the chemistry and physiology of the bile and its production, with great fullness and clearness. It is true that it is a little overpowering in the former of these two qualities; but nothing else could be expected when so intricate a subject is being treated. When it is remembered what opposite views have been, and still are, held in regard to the formation of sugar in the liver, and the way this is to be regarded; as to the action of real or so-called cholagogues; or of the evidences of the presence of bile in the fæces, it is not to be wondered at that a thorough investigator

has required many pages in which to put before the world the evidences he has gathered together.

The practical part of the work treats of the diseases attributed to organic and functional disorders of the liver, and these are defined and explained in a plain, agreeable style. The author repudiates the term "bilious," as applied to the congeries of symptoms usually so designated. These he refers to gastro-intestinal catarrh, and explains the establishment of the misnomer with references that show a careful study of its history.

A book of this sort is rather expensive for the average practitioner; but it must surely find a place on the shelves of the physiologist and the special student, by whom the fruit of the author's labors will be broken and distributed to the circle they themselves can reach.

BOOKS RECEIVED.

—"Compend of Anatomy." By John B. Roberts, A.M., M.D., etc. Philadelphia, C. C. Roberts & Co., 1881. 16mo, pp. 191.

—"Student's Manual of Venereal Diseases." By F. R. Sturgis, M.D., etc. New York, G. P. Putnam's Sons, 1880. 16mo, pp. 196.

—"Paracentesis of the Pericardium." By John B. Roberts, A.M., M.D. Philadelphia, J. B. Lippincott & Co., 1880. 8vo, pp. 100.

—"A System of Human Anatomy." By Erasmus Wilson, F.R.S. Tenth edition, edited by George Buchanan, A.M., M.D., etc., and Henry Edward Clark, Fellow of Faculty of Physicians and Surgeons of Glasgow, etc. Philadelphia, Presley Blakiston, 1880. pp. 800. Illustrated.

—"Medical Heresies Historically Considered." By Gonzalvo C. Smythe, A.M., M.D., etc. Philadelphia, Presley Blakiston, 1880. 8vo, pp. 228.

—"Dwelling Hou-ès." By W. H. Corfield, M.A., M.D., etc. Philadelphia, Presley Blakiston, 1880. 8vo, pp. 112. Illustrated.

PAMPHLETS RECEIVED.

—"On the Management of Infantile Eczema." By L. Duncan Bulkley, A.M., M.D., etc. Reprint from Transactions of Medical Society of New York for 1880.

—"On the Use of Sulphur and its Compounds in Diseases of the Skin." By L. Duncan Bulkley, A.M., M.D., etc. Reprint from *Archives of Dermatology*, July, 1880.

—"Acts of the Legislature of Louisiana Relative to Quarantine and the Practice of Medicine, etc." Collected and classified by Joseph Jones, M.D., President of the Board of Health of the State of Louisiana. New Orleans. J. S. Rivers. 1880.

—"A Contribution to the Relative Value of the Different Operations for Delivery in Narrow Pelvis." By Aug. F. Erich, Professor of Diseases of Women and Children, College of Physicians and Surgeons, Baltimore, etc. Reprint from *Maryland Medical Journal*, October 1st and 15th, 1880.

—"On the Affections of the Middle Ear during the Early Stages of Syphilis." By F. R. Sturgis, M.D., Clinical Professor of Venereal Diseases in the Medical Department of the University of New York. Reprint from the *Boston Medical and Surgical Journal*, June 3, 1880.

—"The Therapeutic Value of the Iodide of Ethyl." By

Robert M. Lawrence, M.D. Reprint from the *New York Medical Record*, June 19, 1880.

—"Surgical Treatment of Naso-Pharyngeal Catarrh." By D. H. Goodwillie, M.D., D.D.S. Read before the American Medical Association. Reprint from the *Medical Gazette*, July 31, 1880.

—"An Improved Method of Treating Depressed Fractures of the Nasal Bones." By Lewis D. Mason, M.D. Reprint from *Annals of the Anatomical and Surgical Society of Brooklyn*, March, 1880.

—"A Case of Fracture of the Nasal Bones Treated by an Improved Method." By Lewis D. Mason, M.D. Reprint from *Annals of the Anatomical and Surgical Society of Brooklyn*. Vol. II, No. 5.

—"Light in the Public Schools." By C. J. Lundy, M.D. Reprint from Report of Michigan State Board of Health, 1880.

Selections and Abstracts.

RELIEF OF TONIC SPASM OF THE EYELID.—Dr. F. C. Hotz, of Chicago, reports, in the *Archives of Ophthalmology*, September, 1880, the case of a woman, seventeen years old, who for five months had not been able to open her right eye. She had had various accidents to the eye, which do not seem to have much to do with the spasm, until she had an "erysipelas of the eyelids," by which those of the right eye were made swollen and red. When this subsided she could not open her eye at all, in spite of various remedies tried by her physician. Dr. Holz found a remarkable tetanic contraction of the supra-orbital portion of the right orbicularis muscle. The eyebrow was drawn down so as to hide all the lid to the lashes. The skin was not red, or swollen, or tender, but hard, and the patient had a feeling of soreness in it. When the eyebrow was pulled up by the doctor, the patient could open her eye easily. There was no spasm of the lid part of the muscle. The use of electricity had no effect, nor had instillations of atropine, to correct a suspected spasm of accommodation. At a loss what to do, Hotz recalled a case of blepharo-spasm which Zehender had relieved with tincture of iodine. Upon following his example, by painting the iodine into the region of the right eyebrow, he got an almost miraculous result. In two minutes the spasm was gone, and the patient could open and shut her eye at will. The next day, however, the lower lid was inverted. This spastic entropion was at first relieved by traction upon the lid; but it recurred the same night, and was finally cured, as the spasm of the upper muscle had been, by penciling the tincture of iodine upon the skin of the lower lid.

LATERAL DEVIATION OF THE SEPTUM NARIUM.—Dr. Delavan, at a meeting of the New York Clinical Society, reported in the *New York Medical Journal*, November, 1880, mentioned the somewhat singular occurrence of three cases of acute purulent catarrh.

in the same family at the same time. Those affected were aged respectively six months, two and a half, and four years. In the three children the disease was confined entirely to the left nostril, although there was no deviation of the septum, congenital or acquired. Ordinary treatment effected a cure. It seemed probable that contagion was an important element in the causation. Contraction of the nasal passages, whether from deviation of the septum or from any other cause, favors the establishment and continuance of chronic catarrh. The treatment recommended was to break the vomer with a strong forceps, and obtain repair while the septum was kept in proper position. Dr. Bangs alluded to the case of a young man who had been under his care for the relief of too frequent seminal emissions. It was found that these occurred only when the patient was sleeping on his left side, and it was also found that, notwithstanding the urgent endeavor of the patient to sleep on the right side, he would unconsciously turn upon the left. The cause for this was found to be a deviation of the septum nasi toward the left nostril, very much contracting it; and, when he lay on his right side, the contracted nasal passage being uppermost and the lower or unobstructed one being partially closed by the pressure of the pillow, he failed to obtain sufficient entrance of air, and consequently experienced a sense of discomfort which led him to turn on the left side. Treatment was directed toward the relief of the nasal deformity. An endeavor was made to crush the partition with a strong forceps, but it was unsuccessful. Then a piece of the cartilaginous division was removed, and it became possible to cleanse the obstructed passage thoroughly. Finally, by the contraction attending the repair of this opening, considerable improvement took place, the convexity being partially obliterated. The patient, being now able to sleep on the right side, was encouraged to do so, and the frequency of the emissions was much reduced.

THE PRODUCTION OF DIPHTHERIA IN THE LOWER ANIMALS.—The word diphtheria and its derivatives are about as ill-used as any in medical nomenclature. Their strict significance as applied to the phenomena of the disease called diphtheria is varied by their application to a great range of conditions, from croup to almost every tough membrane that forms in any part of the body; and this, exclusive of the careless use of the term diphtheritic for simple sore throats. Every addition, therefore, to our knowledge which tends to a greater accuracy in regard to these terms is a thing to be thankful for. Such an addition has just been made by Drs. H. C. Wood and H. F. Formad, in their report on the Production of Diphtheria

in the Lower Animals, of which an epitome appears in the *Philadelphia Medical Times*, Oct. 23d, 1880.

The results of their investigations, which have been very thorough, are quite interesting. Thirty-two experiments were made, in which fragments of membrane from patients with diphtheria were inoculated under the skin or the mucous membrane of the mouth of rabbits, cats, dogs, and a goat. Six rabbits, out of eighteen, died. In no case was there anything like diphtheria caused—with one very doubtful exception. Of those that died none had their internal organs infested with micrococci, as Oertel has asserted. Thus were confirmed the observations of Curtis and Satterthwaite, who made an elaborate investigation in regard to bacteria, which they reported to the International Medical Congress in 1876. What was found in every case that died was *tubercular disease*. This was also seen in the rabbits which were killed and examined a few days after inoculation. A remarkable finding of the experiments was that none of the inoculations in the mouth produced local or general symptoms. Nine inoculations with innocuous matter were made, and five caused tuberculous disease. The diphtheritic inoculations first caused local inflammation with cheesy deposits; so the experimenters concluded the tubercles were an indirect result of the inoculations. False membranes were induced in numerous instances by the action of ammonia, and the correctness of the assertion that these traumatic membranes do not contain bacteria was found to depend upon the time they had in which to develop. Four experiments consisted in injecting pus into the trachea, in two of which false membrane followed.

The difference between croup and diphtheria the experimenters were led to think might depend upon the fact that the mouth and throat have squamous and tightly adherent epithelium, while that of the trachea is columnar, ciliated, and, even in health, easily detached.

The general result of the experiments makes it seem probable that diphtheria is a septic disease, the poison of which is very irritating and may, when brought in contact with a mucous membrane, produce high inflammatory local action without being absorbed; it may also be absorbed and produce systemic poisoning; or it may be absorbed first and then produce, secondarily, local symptoms. Further—and this is the most striking of all the conclusions of Drs. Wood and Formad—"a simple local trachitis, produced by exposure to cold or some other non-specific cause, may produce the septic material whose absorption shall cause blood-poisoning, the case ending as one of adynamic diphtheria."

TOLERATION OF OPERATIONS BY THE PERITONEUM.—Dr. T. H. Buehler, in the *Boston Medical and Surgical Journal*, October 28, 1880, advocates opening the peritoneum with an *abandon* decidedly interesting. Among other recommendations, the following is for typhoid fever:—

“With free access to the peritoneal cavity, it would therefore appear that the medical attendant, unless he be competent to operate, ought, as soon as perforation takes place, to hand his case over at once to a surgeon, whose duty it would be to make the lineal section, and having found the perforation, to get an assistant to close it between his thumb and forefinger, while, with a soft sponge and distilled water, he carefully washes out from between folds of the peritoneum fecal or other matter that may have already escaped. He should then cut from one side of the lineal section a bit of peritoneum with as good a backing of cellular tissue as he can find, and form it into a plug to fit into the perforation pretty tightly, but not so tight as to wrinkle its peritoneal head, which should be exactly adjusted so as to form with the peritoneal covering of the ileum a perfectly smooth surface, as though there were only a crack or narrow crevice between them. Having previously armed six fine catgut or stretched horsehair threads with the most delicate needles, pass them through the edges of the peritoneal covering of the plug and of the intestine at six hexagonal points, and, on tying them, so arrange the knots that they may help to fill up the outer openings made by the needles. Clip off close to the knot the short end of each thread, leaving the longest ones to be used as presently directed. Having made a hexagonal pad out of the peritoneum of a cat or rabbit, previously prepared in chlorinated water, and dried, but moistened when used, let its six sides be nicked at their centers, so as to admit the threads which are now to be carried across the compression, and tied on top of it.”

That sounds simple enough, and we are informed that the operation would no doubt succeed in a large majority of instances.

POISONOUS DYE-STUFFS.—Just at present, when there is a reaction from the senseless fear of adulteration of food which has so long prevailed, it is interesting to find Dr. Henry Leffman, in the *Philadelphia Medical Times*, October 23d, coming to the rescue of the much abused dye-stuffs. In a short paper, read before the Philadelphia County Medical Society, he states that he has examined dye-stuffs and dyed materials suspected of containing arsenic, and found none, or so little as to be of no danger. He cites an instructive case, where a skin disease was attributed

to the arsenic supposed to be in a carpet, but which, on analysis, he found to contain none. In concluding, he remarks “that the explanation of many cases ascribed to these dye-stuffs is either coincidence or idiosyncrasy.”

TEST FOR ARSENIC.—Dr. Henry Barnes, in an article on Chronic Accidental Poisoning (*Practitioner*, September, 1880), suggests, for suspected wall papers, to put some water of ammonia in a white saucer and drop a piece of the paper in this. If a salt of copper is present the water will be tinged with blue. If now a crystal of nitrate of silver is dropped in, and the crystal is covered with a yellow coat, this is due to the presence of the arseniate of silver. This simple test is, as he says, not as well known as it should be.

HIRSUTIES REMOVED BY THE GALVANIC PESSARY.—In a discourse on menstrual insanity, at the recent meeting of the British Medical Association, Dr. J. Crichton Browne referred to a case seen in consultation with Mr. Tait, many years ago, in which a bearded lady had been benefited by the introduction of a galvanic pessary. The beard subsequently fell off, and the patient's mental condition, which was that of melancholia, improved so that she recovered completely.—*Philadelphia Medical Times*.

BURNS.—The following plan of treating extensive burns has been successfully employed in Germany. First, the patient is given a warm water bath, the parts deprived of skin are then sprayed with a solution of thymol (1:100), after which they are painted frequently with a solution of thymol in linseed oil (1:1000), using a very soft brush. Blisters are let alone until they become sero-purulent, when they are opened and treated as described. Coat after coat is used, in the painting. These, with the secretions of the burned parts, finally drop off, and leave smooth, elastic scars. The results are claimed to have been very good.

PARAPHIMOSIS.—Bordinet recommends an ingenious plan of reducing the strangulating foreskin. Take a few hair pins, slip the rounded ends at intervals between the penis and the prepuce, and slide the latter forward upon them.

MENTAL DISORDERS OF PUBERTY AND ADOLESCENCE.—The *Edinburgh Medical Journal*, for July, 1880, contains a very interesting paper upon puberty and adolescence medico-physiologically considered, by T. S. Coulston, M.D., etc. In this, attention is called to the character of the changes that take place in the minds and bodies of the pubescent and adolescent, the liability to development of inherited disease

—inherited not only from parents, but from grandparents and ancestors further removed. In regard to the training of the young, as bearing on this subject, he says: "I cannot help here adverting to the absurd and unphysiological theories of education which are sometimes taught, and which we, as medical men, should combat with all our might. The old practice of attending to the acquisitive and mnemonic faculties of the brain alone in education is now fortunately giving way. The theory of any education worth the name should be to bring the whole organism to such perfection as it is capable of, and to train the brain power in accordance with its capacity, most carefully avoiding any overstraining of weak points; and an apparently strong point in the brain capacity of a young child may in reality be its weakest point, from hyper-activity of one part. I have known a child with an extraordinary memory at eight, who at fifteen could scarcely remember anything at all." Later, he calls attention to the miserable preparation for the duties and strains of marriage and maternity in the ordinary boarding-school discipline. He alludes, also, to the delicate problem of hysteria, as being often the exaggeration of feelings and sentiments which, when normal, are of the greatest moral and social beauty.

The period of greatest danger of insanity in Scotland is that of adolescence. The ratio of insane to sane, at different ages, is as follows: 20 years and under, 1: 21,900; over 20, 1: 304. The period of greatest frequency is from 35 to 55. "Speaking generally, therefore, insanity in its worst forms is not a disease of youth or puberty, but of middle and advanced life." Yet the figures show that any predisposition to insanity is apt to show itself about the time of puberty, and such developments should be carefully noted and profited by.

In regard to the treatment of the insanity of adolescence, light, farinaceous and milk diet is combined with plenty of exercise in the open air, athletic sports and work, like gardening. For medicine he gives "an emulsion of cod-liver oil, hypophosphites of lime and pepsine, made and flavored in such a way that it resembles cream." At first, in the stage of excitement, patients may lose flesh; but they soon gain weight, and his prognosis is favorable when this occurs within three months.

In regard to prophylaxis, attention is called to his observation that children with marked neurotic temperaments are, as a rule, great flesh eaters. The same is true of adolescents. This indicates a line of preventive treatment, which in Dr. Keith took the form of an "anti-flesh crusade," and which our author heartily endorses.

DELIVERY IN CASE OF NARROW PELVES. — Dr. Erich, in the *Maryland Medical Journal*, October 1st and 15th, reports eighteen cases where the head of the foetus was crushed or partially removed in order to terminate labors of great difficulty. He makes a stand against podalic version, and claims that delivery by the head is preferable, even though it involves destruction of the child. He takes the ground—not new, of course—that the mother's life is of far more consequence than that of her offspring. A recent paper on this subject has put over-strongly the humanitarian or sentimental objections to the sacrifice of the child; but, successful as deliveries by abdominal section may prove, and serious as must always be the thought of putting a foetus to death, most obstetricians would probably share the anxiety of every husband, that the mother's life shall be saved, at any necessary cost to the as yet unendured being that shares, while it occasions, her peril.

The conclusions of Dr. Erich are:—

1. The propriety of induction of premature labor is still questionable.

2. That version, while it should never be the alternative of the forceps, should be tried in *contracted flat pelvis* before resorting to craniotomy, but is worse than useless in a *uniformly contracted pelvis* after the forceps have failed.

3. The forceps, when properly applied and used, are the safest means of delivery for both mother and child. After failure with them, craniotomy is indicated, except in cases of narrow flat pelvis, where version should first be attempted.

4. When there is not room enough for the application of the forceps, and when the smallest diameter of the pelvis is less than two inches, laparo-elytrotomy is indicated. Our methods of measuring the diameters of the pelvis and of estimating the size of the child's head in utero are, however, so very inexact that it is amusing to see cases reported with diameters given down to one-twelfth of an inch. Considering that these estimates are at best rough guesses, it will generally be well to give the child the benefit of the doubt, and attempt to apply the forceps whenever the smallest diameter of the pelvis seems to be somewhere above two inches.

5. In cases of rupture of the uterus where the child has escaped into the abdominal cavity, and in cases of extensive carcinoma of the cervix, Porro's operation (gastro-hysterectomy) should be performed, in the interest of the child.

6. The unmodified Cæsarean section (gastro-hysterotomy), has been superseded by Porro's operation, which meets all the indications, with less danger to the mother.

Medical Notes.

—The National Board of Health has received from the Secretary of State notes of acceptance for the International Sanitary Conference, to be held in Washington, January 1st, 1881, on the part of Spain, France, Venezuela and Mexico..

—The Medical College of Virginia announces that its annual lecture course will now continue for nine months. It adopts the graded system also. A similar extension of time is to be adopted, it is said, by the Medical College of the University of Virginia.

—The Philadelphia Dental College has established, in connection with its dental department, a Hospital of Oral Surgery, in order that its students may be instructed in the surgery of the mouth, as well as in mere mechanical dentistry. A clinic is held, under the charge of Dr. Jos. E. Garretson, Professor of Anatomy and Surgery, and the patients operated upon are kept in the wards of the hospital until able to return to their homes. This is a decided advance in the training of dental students, who, heretofore, have often been deficient in sound medical and surgical knowledge of the mouth and associate parts. There is also connected with the college an anatomical department, where every student may receive instruction in practical anatomy and dissection. The anatomical rooms are under the care of Dr. John B. Roberts.

—In Kansas City, hospitals are about to be erected; the various questions of sanitation are being gradually approached, and good city and county societies have been organized. The code of ethics is rigidly enforced. The young College of Physicians and Surgeons is doing good work. It is a member of the American Medical College Association, and has some good teachers. Dr. Schaffler, one of the translators of Ziemssen's Cyclopædia, is Professor of General Medicine. Dr. Tremaine, U. S. A., has been secured to fill the chair of surgery for the ensuing winter. The faculty aim at a high standard. The dissecting room has an abundance of material, and the large clinical advantages of the city are being wisely utilized.

—In New Jersey persistent efforts are being made to root out the irregular practice of medicine. The Camden County Medical Society, at a meeting held November 9th, heard from their Committee of Seven, appointed in August, to investigate and act upon cases of those who are practicing without authority, or upon doubtful authority, that a number were practicing who have not registered at the Clerk's office, as required by law, and several others who were practicing with doubtful authority. The committee was continued, with power to act. The matter of bogus diplomas was referred to the State Society, which meets at Long Branch next May. A resolution was passed recommending the passage of a law so constructed as to reach those whom it was intended the present law should strike.

—The laws of Louisiana ordain that no person shall be allowed to practice medicine as a means of livelihood in any of its departments in the State of Louisiana, without first making affidavit before a duly qualified justice of the peace in the parish wherein

he resides, of his having received the degree of Doctor of Medicine from a regularly incorporated medical institution in America or Europe, and designating its name and locality. Any practitioner failing to comply with this requirement shall not be permitted to collect any fees or charges, for services rendered, by legal process; and, moreover, shall be liable to a penalty of twenty dollars for each and every violation thereof, said sum or sums to be collected by indictment or information, as in other cases provided by law. The provisions of this act relative to physicians do not apply to persons who have been practicing medicine for the space of ten years in this State, without diplomas, nor to female practitioners of midwifery as such.

—Between the 5th of September, when the night medical service was put into operation in New York, and the 30th of the month, twenty-five visits were made by fifteen physicians of the service, and of the patients visited three paid fees. The majority of these were cases of sudden illness or emergencies occurring in the night-time among the poor, and there appears to have been no attempt on the part of any one to take undue advantage of the charity.

—The Imperial Government of Germany has appointed a numerous commission, which has already commenced its sittings at Berlin, for the revision of the German Pharmacopœia. The commission consists of twenty-seven members, of whom sixteen are professors from various universities, five are apothecaries, and the remaining six are eminent practicing physicians or surgeons. The Prussian War Office has deputed two military doctors and a military apothecary to attend the sittings. Dr. Schmidt, Professor of Pharmacy at the University of Halle, will act as secretary to the commission, which is presided over by Privy Councillor Dr. Struck, Director of the Imperial Sanitary Department.

—William H. Williams pleaded guilty, in New York, a few days ago, to the charge of endeavoring to blackmail a physician by means of a letter threatening to reveal an alleged scandal. He was sentenced to one year's imprisonment in the penitentiary and a fine of \$150.

—W. W. Van Pelt, an unlicensed "doctor," has been indicted for manslaughter, in New Orleans, for causing the death of a child by malpractice.

—The *Medical Press and Circular*, November 3, 1880, is a little cross when it pays its respects to us thus: "In our last columns of 'Literary Notes and Gossip' we mentioned that another candidate for professional favor in journalism, the *Specialist*, had made its appearance in England, under the editorship of Dr. Hardwicke, of Sheffield. Our American friends, with instinctive imitation, start, two months later, the *SPECIALIST AND INTELLIGENCER*, under the editorship of Dr. C. W. Dulls. (*Sic*). We have no desire to make a bad pun upon this gentleman's name, but really his first number is dull indeed, and we can only express our surprise that with the wide field at his disposal he could find no more original matter with which to fill his columns than papers which had appeared two months previously in the London *Specialist*."

We trust the perpetrator of this pun has got over the bad "spell" occasioned by our name.

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Contents.

ORIGINAL COMMUNICATIONS:—

The Determination of Normal Vision. First paper. By FRANCIS M. PERKINS, A.M., M.D.	1
Syphilis with Enormous Double, Cervical Adenopathy; Psoriasis—Eczematiform and General; Tubercular Syphilide of the Knee. By L. DUNCAN BULKLEY, A.M., M.D.	3
Diseases of the Throat and Nose. By CARL SEILER, M.D.	5

EDITORIAL:—

Announcement.	8
Doctor and Druggist.	8

BOOK REVIEWS:—

The Students' Manual of Venereal Diseases. By F. R. STURGIS, M.D., 9; The Compend of Anatomy. By JOHN B. ROBERTS, M.D., 9; A Practical Treatise on Surgical Diagnosis. By AMBROSE L. RANNEY, A.M., M.D., 9; How a Person Threatened or Afflicted with Bright's Disease Ought to Live. By JOSEPH F. EDWARDS, M.D., 10; A Treatise on Diphtheria. By A. JACOBI, M.D., 10; Medical Heresies, Historically Considered. By GONZALVO C. SMYTHE, A.M., M.D., 10; Mechanical Dentistry. By JOSEPH RICHARDSON, D.D.S., M.D., 11; Wood's Ophthalmic Test Types and Color Blindness Tests, 11; Lindsay & Blakiston's Visiting List for 1881, 11; Medical Record Visiting List for 1881, 11.	
--	--

BOOKS, PAMPHLETS AND INSTRUMENTS RECEIVED. 11, 12

SELECTIONS AND ABSTRACTS:—

Foreign Bodies in the Ear; Laryngotomy for Membranous Croup (Diphtheria?); Treatment of Depressed Fracture of the Nasal Bones; Eye Defects as Related to Constitutional Diseases; Color Blindness; Heroic Treatment of Gonorrhoeal Ophthalmia; Boils in the External Auditory Meatus. 12-14.	12-14
--	-------

MEDICAL NOTES.	15
RECENT PUBLICATIONS.	16
ANNOUNCEMENTS.	16

THE DETERMINATION OF NORMAL VISION.

(First Paper.)

BY FRANCIS M. PERKINS, A.M., M.D.

It often happens that a physician wishes to know whether a patient has normal acuteness of vision; but exactly how to determine its existence or to state in terms of precision what vision exists, he does not always know. The following statement of the method of procedure aims to present it stripped of some points which, though essential to the oculist, are comparatively useless to the general practitioner. The necessary apparatus is a measuring rod and a book of test types. The most convenient measure is a yardstick graduated on one side in English inches, and on the other in centimetres. Such a measure is made by the American Metric Bureau, of Boston, and costs

about fifty cents. The best * test types are those of Dr. H. Snellen, of Utrecht; their title is: "Test Types for the Determination of the Acuteness of Vision."

Snellen's Test Types are obtainable from any medical bookseller at a cost of about two dollars. They consist of a series of types, ranging from those visible at two hundred feet to those visible no further than twenty inches. In the latest editions, over each size of type are figures indicating in metres, or fractions thereof, the greatest distance at which that sized type is visible to an eye having normal vision. Remembering that one metre equals 3.28 English feet, or 39.37 inches, the conversion of these figures into their English equivalents is easy.

The pages of Snellen containing *letters* marked D=60 and D=3, and those with letters of intermediate size, should be cut out and pasted on a large sheet of card board. This should be hung on the wall of your office which has the best illumination, the bottom of the card being about four feet from the floor. From the card, measure a distance equal to six metres (twenty feet). Should the size of your office not give you this distance, take the nearest approach to it in *whole metres* that you can obtain. Next note with a pencil mark, or otherwise, on the wall, this distance, so that you will always know it without the necessity of measuring more than once. Never guess at this distance just before making an examination.

Place the patient so that when he faces the card his eyes shall be exactly opposite to the mark on the wall. Hold in front of one eye a piece of dark colored card board or blotting paper, in order that this eye may be excluded from participation in vision while you are examining the other. Be careful that no pressure is made upon the eye, and that the edge of the card is held closely in contact with the nose. The reason for the first precaution is, that if pressure is made, never so slightly, on the eye, the patient will tell you, when you commence to take the vision of this eye, that he has a "haze over the eye." The reason for the

* Test types intended to be used as are Snellen's are printed by a number of opticians, but in accuracy of form of the letters and clearness of impression they are not equal to the imported Snellen's types. Moreover, Snellen's book contains reading matter in all the principal languages. For these reasons Snellen's book is to be preferred and reference is confined to it.

second precaution is, that many people will try, by turning the head, to look out of that eye which you are excluding. Unless you hold the card close against the nose they will succeed in doing this, and you may record the vision of the eye you suppose to be excluded, instead of that of the other one.

These precautions are especially to be observed in the case of children, and failure to observe them may vitiate the accuracy of your conclusions. In this portion of the examination the patient should not be allowed to hold the card; nor in an examination laying any claim to accuracy should the hand of either examiner or patient be used to cover the eye. If you have any reason to suppose that vision is less acute in one eye than in the other, commence with the worst eye.

Having covered one eye, ask your patient to name aloud the letters, commencing with the largest. You must not begin by saying: "Do you see the letter on the top of the card?" mentioning at the same time its name. By adopting this plan, a patient with a good memory has been known to repeat after the examiner all the letters on the card; when, in point of fact, he never saw one of them. Merely request that the letters be named aloud in order of size, until a mistake is made or the patient says he can see no more. Never correct any mistakes. By requesting a repetition of a line in which mistakes are made, you can easily satisfy yourself whether these are due to carelessness or to inability to see the letters. Some patients, in compliance with your request for the letters, will say, complacently, "I can see all the letters on that card, Doctor!" You may, in such a case, introduce a variation, by asking for the bottom line. This they may be unable to read, and after an unsuccessful attempt, will comply with your original request and commence with the top letter.

Suppose a patient at a distance of six metres from the card reads with his right eye the letters bearing above them " $D=6$." He will then have the power of seeing at six metres letters that an eye with normal vision sees at that distance. You record his vision in the form of a fraction, viz: " $R \ E \ V=\frac{6}{6}$," where the denominator shows the size of the type read and the numerator the distance between the eye and the letters. If the distance is five metres, and the type seen is " $D=5$," then " $V=\frac{5}{5}$."

Of course, these fractions might be reduced to their lowest terms, and you might correctly say, " $V=1$." But expressing the vision by an unreduced fraction shows at a glance the distance used in making the examination; consequently the fraction should not be reduced.

Should you find an eye able, at five metres, to read " $D=4$," you will have a case of more than ordinary sharpness of vision, and you will record " $V=\frac{5}{4}$." These cases of unusual acuity of vision are rare, and when you think you have one, always take the precaution of having the letters repeated backward.

Passing now to the other eye; suppose that at six metres nothing smaller than " $D=24$ " is read. Acuity of vision is diminished in this eye, and you say " $V=\frac{6}{24}$." Reduced to its lowest terms, this fraction means that vision is only one quarter of normal. But for the reasons above given, you allow the fraction to remain unreduced.

If you wish to be very exact, you may modify the fraction expressing vision, as follows:—Suppose " $D=18$ " is read at six metres, but imperfectly, *i. e.*, only about one-half of the total number of letters is read, the others being misnamed. You may then say, " $V=\frac{9}{18}$? (fifty per cent.)" Meaning, that though vision is *better than* $\frac{1}{2}$, it is not exactly $\frac{1}{2}$. In like manner, if one quarter or two-thirds be read correctly, you will say $V=\frac{6}{18}$? (twenty-five per cent., or $\frac{1}{3}$? (sixty-six per cent.) as the case may be. This may be deemed a refinement of precision; yet it takes but little trouble, and the record so made may be very useful at some subsequent examination, by showing increased or diminished sharpness of vision greater or less than that shown by the gain or loss of an entire line.

Where the acuity of vision is diminished to such a degree that at your standard distance of six, five, or four metres (depending on the size of your office) even the top letter ($D=60$) cannot be distinguished, you cause the patient to walk slowly up to the card, making him stop every foot or two until he is near enough to tell the top letter.

If he has to come within one metre of the card to do this, then $V=\frac{6}{1}$; if within half a metre, then $V=\frac{6}{\frac{1}{2}}$. You will sometimes find vision perfect with one eye, while with the other it may be down to $\frac{1}{2}$, or lower.

1428 Pine street.

SYPHILIS WITH ENORMOUS DOUBLE, CERVICAL ADENOPATHY; PSORIASIS—ECZEMATIFORM AND GENERAL; TUBERCULAR SYPHILIDE OF THE KNEE.

BY L. DUNCAN BULKLEY, A.M., M.D.

(Clinical Lecture Delivered at the New York Hospital)

REPORTED BY ROBERT CAMPBELL, M.D.

I. SYPHILIS WITH DOUBLE CERVICAL ADENOPATHY.

GENTLEMEN:—This patient, G. F., aged 25, a barkeeper, presents himself for the treatment of these enlarged glands on either side of the neck, which he says commenced to swell last June. I wish to call your attention particularly to this double adenopathy of the neck, which is painless, and to say that if you had nothing else to guide you, it alone would lead you to suspect syphilis; the more so as there is no cause for it found in examining the mouth carefully. We may, of course, have enlarged glands from other causes, but when there is painless, double adenopathy it is well always to suspect syphilis. At first the patient insisted that he had no eruption on the body. You will have an opportunity shortly of seeing how far statements of patients can be relied on; for, in connection with this great glandular enlargement in the neck, he has the most typical and perfectly developed papular syphiloderm, that I shall probably have occasion to show you this winter. On closely questioning him further he admitted having had sores on the penis, followed by ulcerating buboes, about a year ago. Last March (1880) he had a chancre, of which you may yet perceive a trace of hardness behind the corona; this was followed, some time in May, by a general eruption, which can be seen now. You will notice that this papular syphilide has a tendency to attack the extensor surface most abundantly, although the flexors are covered; and there are peculiar appearances about the eruption which would enable one to diagnose it as syphilis, even if the chancre had occurred within the urethra, or—if the patient were a woman—within the vagina or uterus. The eruption, you see, is arranged in circular groups, being in corymbiform, or grape-like clusters, and not evenly scattered over the body. This grouping is an almost pathognomonic sign, although we may have it slightly marked in some other eruptions, such as that of smallpox. The circles are best seen on the legs,

and are also well shown in the plate which I pass you, taken from Mr. Wilson's atlas. You will feel that there is a small amount of inguinal adenopathy, painless kernels on each side; but contrary to what we might expect, we do not find any posterior cervical adenopathy, except a small enlargement on the right side, near the seventh cervical vertebra. Both epitrochlear glands are enlarged. This latter condition was at one time thought to be present in all cases of syphilis, but it is not. These are called Sigmund's glands, as he first emphasized this point in diagnosis. I wish to test another point, to which Fournier has called attention, viz., analgesia or partial loss of sensibility of the skin, which often exists early in syphilis, when there is a considerable amount of eruption. We do not get it so frequently as I was at first inclined to believe, and it does not exist in this case, for the patient winces very much as I attempt to thrust this pin through a fold of the skin; but some of you may remember having seen me do this in a case of general syphilitic eruption last winter, when the pin passed quite through the fold of skin, without the patient's experiencing pain. This symptom is more apt to occur in females than males, and you will remember that it was mainly in females that Fournier observed it. I will now pass around a plate of lichenoid syphilis, from Hebra's atlas; also this excellent one from Duhring.

The points of special interest about this case, are: the history of the patient having had a chancroid with suppurating buboes a year and a half ago, and the chancre a year since; the large swellings of the glands of both sides of the neck—on the right side nearly as big as a child's fist—and the pathognomonic grouping of the eruption. Nothing is to be seen in the mouth or throat: agreeing with the fact that mucous patches are not so likely to be seen when there is a great amount of skin eruption present. He will be given the ordinary mixed treatment of bichloride of mercury in small doses (gr. $\frac{1}{2}$) with iodide of potassium, together with iron, nux vomica and bark, which should be persevered in to the end.

II. PSORIASIS—ECZEMATIFORM AND GENERAL.

I show you, here, a case of psoriasis, which is very severe in character and presents some inter-

esting and peculiar features. The patient, a large, fleshy woman, 47 years of age, says she has been troubled for several summers with "prickly heat," but that the present eruption did not make its appearance until about three months ago. It is very rare to see a psoriasis develop itself for the first time at the age of 47; and generally, with a history such as that just given, you would suppose that it was not a psoriasis; for psoriasis, you know, is really a disease of youth, generally appearing from between 15 and 30 years of age; but I believe her statements, for I questioned her closely in the other room. Almost the entire surface is the seat of an eruption, more or less scattered, and she complains bitterly of the suffering she has from it—another unusual feature. On looking at the arms and hands we find large patches of reddened skin, existing equally on all surfaces. Here the eruption is not characteristic of psoriasis, but if you look at the outskirts of the eruption, you will note that there we have a tendency to the formation of separate points, and you get to a certain extent the imbricated and silvery scales belonging to psoriasis, as represented in this plate, which shows the eruption as it is ordinarily seen, with sharply defined circular patches, not fading off gradually into the healthy tissues, covered with silvery scales. You know psoriasis has a tendency to form circles and to attack the extensor surfaces.

I will now show you the lower limbs, when other elements will present themselves. Here you notice that there is a marked eczema element combined with it, as is sometimes the case. All surfaces are about equally affected; the limbs are congested and covered with scales, easily removed in large lamellæ, leaving in some places a moist and slightly exuding surface beneath, which is not a feature of psoriasis. The patient complains of great itching, which we do not generally find in psoriasis. What, then, are the features which mark this case as psoriasis? Look at the back, and you will see a very good representation of this disease, resembling almost exactly this photograph from a typical case, which I will pass around. Here the patches are isolated, smaller, and more round; they are sharply defined and their surface is covered with the typical silvery scales, upon scraping off which you see the little

pellicle which I first called attention to some years ago; and beneath this we get a bleeding corium. Look, now, again at the arms and legs, and you see the scales much more heaped up on the elbows and knees. Here, then, we have an acute, almost general psoriasis—for her scalp, face, body and limbs are affected—coming on with many of the features of eczema; indeed, we had better say combined with eczema. In a case like this we can do more good than in one of ordinary psoriasis; the eczema element is a good feature, and I anticipate that she will be greatly relieved and that before long; although after a certain amount of improvement has been obtained, the psoriasis may prove more obstinate. She has been ordered a pill of blue mass, colocynth, and ipecac., and—

R. Potass. acetat., $\frac{3}{4}$ ij
Infus. quassiae, f. $\frac{3}{4}$ iv. M.

SIG.—A teaspoonful in water after each meal.

No local treatment will be given for the present.

III. TUBERCULAR SYPHILIDE OF THE KNEE.

I now show you a woman with a large tubercular sypphilide on the left knee. The affected portion is covered with dark crusts, which when removed leave an ulcerating surface beneath, and in places there is staining from a previous lesion, and we have also, with these, marks of cicatrization.

In making the diagnosis in this case, notice first the location. The lesion is situated on a portion very liable to injury, especially in a woman who has to be on the knees at housework. Notice, however, that the disease affects only one knee, is not symmetrical.

You will also see that the lesion is an ulcerative one, and that it is the margin which is now in active process of disease, while the centre is stained and cicatrized. The real present disease is in a circular, or rather horse-shoe form, and if you look closely, you will see that it is composed of a number of separate, dark-red masses, surmounted by crusts; and when I pull one off, you find there is ulceration beneath.

Now what are the diseases which this might be? It has lasted a long time on one portion of the body; it has produced destruction of tissue. In impetiginous eczema there would not be ulceration and cicatrization, or scarring, and we would have

more inflammation. Lupus is a disease of earlier life, and does not generally attack the lower part of the body until it has appeared elsewhere, and probably would not have improved without local treatment, as this has; besides, it has none of the characteristic, separate, pulpy tubercles of lupus; and lupus seldom takes this circular form. Epithelioma is also excluded. In it there are not these hard edges nor this deep excavation, and it never assumes just this form, extending peripherally as it heals in the centre. Ordinary ulceration is excluded also, for the same reason. There is nothing else, therefore, the disease could be, except a syphilide. Moreover, a little familiarity with the late lesions of syphilis shows this to be such, a late tubercular syphilide, occurring in a not uncommon situation. The patient has been taking the mixed treatment of mercury and iodide of potassium, with iron, nux vomica and bark. She has had no local treatment except the application of cotton, and the lesion which, when first seen was all an ulcerating and painful surface, has almost entirely healed.

DISEASES OF THE THROAT AND NOSE.

BY CARL SEILER, M.D.,

Chief of Dispensary for Throat Diseases, Hospital of the University of Pennsylvania.

Clinical Lecture Delivered to the Post-Graduate Class.

I. PHTHISICAL SORE THROAT.

GENTLEMEN:—This young man, twenty-two years of age, tells us he is troubled with soreness of the throat. He caught a cold six months ago, since which time he has felt weak, lost flesh, and been troubled with shortness of breath and a harassing cough, with yellowish-green expectoration. He has had night sweats, and within the last three weeks his throat became sore. He complains of difficult and painful deglutition, especially of liquids; his voice is hoarse, and toward evening he is frequently unable to speak above a whisper.

In his throat we find the mucous membrane of the palatine arches, and of the posterior wall of the pharynx, of a pale ashy-red color, the follicles of the pharynx somewhat enlarged, and its surface dry and shining. Laryngoscopic examination shows the epiglottis to be of a dark, almost purple hue, of a horse-shoe shape, very much swollen, and

presenting on the upper margin a shallow ulcer covered with grayish matter. The arytenoid cartilages on both sides are also very red, and show the characteristic pyriform swelling which is almost always present in cases of this kind. In the interarytenoid space we find a puckering of the mucous membrane, which projects in folds into the glottic space. The vocal cords and ventricular bands appear but little affected by the general hyperæmia, and the mucous membrane of the trachea, as far as it is visible in the laryngeal mirror, seems paler than normal.

This is a case of laryngeal phthisis, or to speak more correctly, a case of phthisis pulmonalis with laryngeal complications; for, on examining his lungs, we find indubitable evidences of phthisis on both sides. Beside which, there are very few cases in which this disease commences in the larynx, and these are invariably of tubercular origin.

The treatment in a case of this kind must aim to alleviate the cough, the sore throat and the pain in deglutition, as well as to build up the system. If we can remove the debris filling up the air cells of the lungs, and thus favor the more thorough aeration of the blood, we shall naturally raise the vitality of the patient and give him a better chance of recovery. I shall therefore prescribe for him an inhalation of compound tincture of benzoin. This is to be placed in hot water, and the rising steam inhaled through a funnel, five or six times a day. The inhalations must be by deep inspirations, and are to be kept up for from three to four minutes each time. I shall also order him to take cod-liver oil and whisky, and direct that he shall be anointed over the chest and back, morning and evening, with sweet oil, while whisky is to be rubbed well into the skin of his arms and legs. He must take moderate exercise in the fresh air and have good ventilation in his sleeping apartment.

With a view to reduce the swelling of the epiglottis and the arytenoid cartilages, I shall inject, by means of a fine spray tube, a mixture of carbolic acid, borax, bicarbonate of soda, glycerine and some sulphate of morphia, dissolved in water, and repeat this application every day. The effect will probably be that the cough will become less hard and the expectoration will be changed from

tough yellow masses to a white, frothy material, showing that air is getting into the obstructed air cells and, mixing with the viscid debris, making it easier to cough up. The swelling of the epiglottis will, we hope, gradually grow less and deglutition become easier, thus enabling the patient to take more food and add to his strength.

II. PHTHISICAL SORE THROAT—EFFECT OF TREATMENT.

The next case is a woman, 30 years of age, who has been under treatment, at different times, for several months past. When she first presented herself at the dispensary her condition was very similar to the case I just showed to you. She had been losing flesh and strength for about a year past, had night sweats, cough, copious yellowish expectoration, sore throat and hoarseness, amounting sometimes to complete aphonia. She had, however, no difficulty of deglutition. The laryngoscope showed the arytenoid cartilages to be swollen and red, the ventricular bands and vocal cords hyperæmic, and an abrasion in the inter-arytenoid space; the epiglottis, though somewhat reddened, was normal, and the entire mucous membrane showed the ashen discoloration so characteristic of phthisis.

She was ordered the same treatment as was directed for the young man you saw a little while ago, and now reports that she has steadily improved ever since. There is no hoarseness, very little cough, there has been no night sweats for two months past, and she has gained twenty pounds in about three months. A laryngoscopic examination reveals a disappearance of the abrasion in the inter-arytenoid space; the vocal cords are perfectly pearl-white, and the swelling of the arytenoid cartilages has, in a great measure, disappeared; the mucous membrane has greatly improved in color: and so I shall tell her to continue the use of the cod-liver oil and the inhalations, and enjoin upon her to come back at once if she should happen to catch cold.

III. ACUTE TONSILLITIS.

I finally show you here this boy, aged fourteen, who complains of great soreness in the throat, difficult deglutition, some slight alteration of the voice, especially in articulation, which is, as you hear, nasal. He has no cough nor expectoration,

but the saliva flows from the corners of his mouth, because he is afraid to make an effort at swallowing it. He states that he has general febrile symptoms, and that the attack came on three days ago.

On examination, we find the case to be one of acute tonsillitis, with great swelling and redness of both tonsils, as well as of the anterior pillars, soft-palate and uvula. The tonsils, being almost in contact with each other, prevent us from seeing the posterior walls of the pharynx or the larynx, and we must be satisfied with this limited view of the parts.

If the patient had presented himself on the first day of the attack, we could, in all probability, have cut the disease short by an active purge and painting the tonsils with a strong solution of nitrate of silver. It is too late for this now, and we must direct our attention to the prevention of suppuration in the glands. With this view I shall prescribe for him a dose of Epsom salts and a mixture of five drops of tincture of the chloride of iron and five grains each of chlorate and bromide of potash to the fluid-drachm, and direct him to take a half teaspoonful in a tablespoonful of water every hour, gargle his throat with it, and then swallow it. He tells us he cannot gargle, and never could, and is afraid to swallow so large a quantity of liquid at a time, as it hurts him to swallow anything. I shall therefore alter the prescription, and give him the same combination of drugs in the shape of a lozenge, the excipient being ext. glycyrrhizæ. We will thus obtain both the local and systemic effect of this well-known combination, without unduly inconveniencing our patient. He should be kept for a few days on low diet, consisting of gruels, mush, milk-toast and other articles of that soft kind which are easily swallowed. With a view to reduce the swelling of the parts, I shall also direct him to put a poultice of flax-seed meal around his neck, and keep this application up night and day. Of course, he should stay in the house, or, better still, in bed, until the swelling has gone down.

This boy is very likely to have similar attacks at longer or shorter intervals throughout the winter, and may not be free from them even during the summer months, unless he consents to have his tonsils amputated.

This operation should never be attempted dur-

ing an attack of active inflammation of the glands, but should be performed after they are free and the surrounding parts have returned to their normal condition. Under such circumstances the operation is a very simple and almost painless one, if performed with the proper instruments.

IV. ERECTILE TUMOR OF THE ANTERIOR NARES.

This is a young girl who has been suffering for several years with an obstruction in the right nostril, constant hawking and spitting up of tough, stringy mucus, and offensive breath.

Before examining her, let us review the causes of obstruction of the nostrils.

This may be due, first, to the lodging of a foreign body in the anterior nares—a frequent occurrence with small children, who are apt to stuff shoe-buttons, peas, beans, small stones, etc., up their noses; second, to a congenital or acquired deformity of the cartilaginous septum of the nares, which, by leaning against the turbinated bones, obstructs the nostril on that side; sometimes, too, the septum is split lengthwise, one part remaining straight while the other leans over and occludes the air passage. A third cause is hypertrophy of the erectile sub-mucous tissue covering the turbinated bones, which fills up the canal; while another form of obstruction is due to bony excrescences from the turbinated bones. Finally, it may depend upon tumors growing in the anterior or posterior nasal cavity.

This patient has more or less pallor of the mucous membrane of the pillars and arch of the palate; the tonsils seem deeply pitted and somewhat enlarged; while the posterior wall of the pharynx is studded with small elevations, giving it the appearance as though fine sand had been strewn upon it; the vessels are injected and the whole mucous membrane has a dry appearance. In the rhinoscopic mirror we see a large number of scales of dried secretion adhering to the mucous membrane, especially on the right side, where they seem to cover the entire surface of the turbinated bones. We cannot discover any tumor or polypus. The mucous membrane of the left side of the anterior nares is dry and red, and on the septum we see a small, depressed area of different color, which, on being touched with a probe, bleeds readily. The patient tells us she

frequently picks off small scabs from this nostril, and that more or less bleeding always follows.

This spot is an abrasion of the mucous membrane. The epithelial covering has been lost, and the sub-mucous tissue is exposed to the influence of the air and the acrid secretions from the nose, which prevent re-formation of the epithelial cells.

I know of no better application to such an abrasion than a strong solution of silver nitrate (sixty grains to the ounce of water), applied with a pledget of absorbent cotton, every day or every other day. By its stimulating effect the silver salt induces the formation of granulations, and by combining with the albuminous matter and the chloride of sodium contained in the secretions, it forms an insoluble compound of albuminate and chloride of silver, which, in the form of a tightly adherent film, covers the abrasion and protects it from external influences, thus giving the abrasion a chance to heal.

Introducing the speculum, now, into the right nostril, we discover that the passage is almost entirely occluded by a projection from the lower turbinated bone, touching the septum and leaving but two small openings, one above, through which the probe can be passed, and one below, which will not admit even the smallest probe at hand. This projection is sessile, red, and tolerably firm to the touch; and is therefore not an ordinary polypus. It presses firmly against the septum, and where it touches it a shallow ulcer has developed.

The only mode of treatment which promises relief here is the removal of the hypertrophied erectile tissue by means of the galvano-cautery knife. We might cut it off with a pair of scissors or nippers; but such an operation is attended with a great deal of pain and frequently with severe hemorrhage. The application of the galvano-cautery, on the other hand, is attended with but little pain and no bleeding, and we shall, therefore, on some future occasion, remove the obstruction in this way. In the meantime I shall direct the patient to cleanse her nose, morning and evening, with a solution of salt and water (sixty grains to the pint), snuffed up from a sponge, and shall give her a mixture containing half a grain of chloride of potassium and five grains of bromide of potassium in a fluid drachm: teaspoonful doses to be taken three times daily.

The American Specialist.

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PRESLEY BLAKISTON,

1012 Walnut Street, Philadelphia.

PHILADELPHIA, JANUARY 1, 1881.

ANNOUNCEMENT.

With this number the SPECIALIST AND INTELLIGENCER will drop the latter half of its name and qualify the first with the adjective "American." As THE AMERICAN SPECIALIST it enters upon the new volume and the new year, with the same object as was announced at the start, namely, to take information gathered by specialists and lay it before general practitioners, for the advantage of both.

DOCTOR AND DRUGGIST.

The question of the relation of druggists to physicians has excited a great deal of discussion of late, and seems not much nearer solution than it was before this arose. The medical journals have been filled with the complaints of physicians that their prescriptions are duplicated without their knowledge, and that their reasonable expectation of being consulted about disease when it begins is often disappointed because of the practice of counter-prescribing—both to their pecuniary disadvantage.

Though this subject has been so fully ventilated already, we desire to add a word, not sentimental, but, as we think, practical.

Counter-prescribing we would unequivocally condemn, believing it to be an unpardonable assumption on the part of the druggist, and

dishonest, if the practice be analyzed. But the duplicating of prescriptions is quite another matter. Who owns a prescription is a legal question not yet decided—at least in Philadelphia; and, while this is the case, no patient or druggist can be blamed for the renewal on demand of a remedy which the patient thinks useful and is willing to pay for. It is a purely commercial transaction, and no amount of talk about what druggists owe to doctors can be expected to influence the former, who have a right to think they know their own interests best, and have as much to fear from the ill-will of their customers as they have to induce them to keep the good-will of those whom those customers look to for medical advice—not when they need it, but when they want it.

It is a purely commercial transaction; and if doctors wish to prevent the duplication of prescriptions, it is the patients they should talk to, and not the pharmacists. If the former are of the proper degree of intelligence, and have the confidence in their physicians which they should have, they will not evade many fees or spend at the druggists much that should go on the doctors' books. If the patients have not this confidence, it is hard on the doctor; but we don't see how lecturing druggists will help it. If, when they have a headache or are bilious, they take the bottle, whose contents did them good before, back to be refilled, either their opinion is correct and, the information as to the remedy having passed to a third party, we don't see how they can be expected to pay for it again; or their opinion is false, and the result—alas! that it must be put so—will conduce to the doctor's pecuniary advantage soon enough.

We repeat, we think no attempt to coerce druggists in this matter can succeed. They may be asked to interpose reasonable obstacles to the frequent renewal of prescriptions; they may be urged to do this because it makes some difference to them whether the doctors like and speak well of

them or not; but no success will attend an effort to force them to a rigid protection of physicians against demands which patients think, and which may indeed be, reasonable. What is more, we hope this discussion will not be pushed to such a point as shall bring it to the ears of the laity; for this would probably bring about an issue little flattering to our self-respect and little remunerative to our purses.

The best protection a doctor has against any attempt of his patients to go round him, and evade his charges, is that which is furnished by his character and skill and the personal relations of friendship and confidence which exist between him and them. If this is sufficient he will probably have no cause to complain, and if it is not it might be well for him to see if the fault is not with himself, instead of trying to get by compulsion what he has not been able to acquire by persuasion.

BOOK REVIEWS.

THE STUDENT'S MANUAL OF VENEREAL DISEASES.

By F. R. Sturgis, M.D., Clinical Lecturer on Venereal Diseases in the Medical Department of the University of the City of New York. New York: G. P. Putnam's Sons, 1880. 12mo, pp. 196. Cloth. Price \$1.25.

We can very strongly recommend the study of this little book to students, as well as to such practitioners as have not the time or opportunity to go systematically through a large treatise upon its subject. The "Student's Manual" contains, in a nutshell, the results at which syphilographers all over the world are arriving in regard to the nature and management of venereal diseases. It uses correct terms, and puts the whole matter clearly as well as correctly. There are some points to which exception might be taken: for example, where (p. 36) the statement is unqualified that the initial lesion of syphilis "never furnishes inoculable pus." Every one acquainted with the subject will understand that this refers to the simple, unirritated lesion; but students might profitably be told, on the spot, that this may easily be provoked into a state that does furnish inoculable pus.

We cannot promise any one he will know all about venereal diseases when he has mastered this book—we don't suppose the author intended this—but we

can assure all who are not familiar with the modern views of syphilis that there is no manual we know of which so succinctly presents these views, or is better calculated to lay a foundation of correct ideas for practical application or for more extended study.

THE COMPEND OF ANATOMY. By John B. Roberts, A.M., M.D., Lecturer on Anatomy and Operative Surgery in the Philadelphia School of Anatomy, etc. Philadelphia: C. C. Roberts & Co., 1881. 16mo, pp. 191. Price \$1.25.

This is the sort of work the student may use to help him in following or in refreshing the memory of his lectures on anatomy. The plan is that ordinarily adopted in anatomical remembrancers, but the book before us has the merit of being fuller and more explicit than most of these, and it is not too large to be carried in the pocket.

A PRACTICAL TREATISE ON SURGICAL DIAGNOSIS.

By Ambrose L. Ranney, A.M., M.D., Adjunct Professor of Anatomy in the Medical Department of the University of the City of New York, etc. Second edition, enlarged and revised. New York: William Wood & Co., 1880. Large 8vo, pp. 471. Price \$3.00.

This book has in one year's time come to a second edition, and it is fair to assume that it supplies a want in surgical literature. The plan adopted is to place in parallel columns the symptoms of surgical troubles which might be confused. A work so constructed has some advantages, although it cannot be expected to take the place of a thorough acquaintance with individual injuries and diseases, so that each shall be known like the face of a friend. If, however, this fundamental knowledge is acquired, such a book as this may serve to refresh it in a trying time, or to supply many points of comparison when a few are not enough to form a decision upon.

We think the idea proposed can be only approximately well carried out, and that the book before us demonstrates this. For example, when we look for diseases of the skin we find scarcely one that is apt to come under a surgeon's notice. There is no comparison of the syphilides with affections that may be confounded with them. We hunt up "syphilis" in the index and find a reference to page 50, which amounts to nothing; we turn to page 327 for "gum-mata," and find only an allusion to the fact that they may affect the genitals. "Lupus" we think must reward our search, but we are disappointed in all of the three references given. "Bubo" is compared with hernia, but no comparison is made between the syphilitic and chancroidal buboes. Finally, we look in the index for fracture at the lower end of the fibula, to see if it is compared with sprains, and can

find no reference whatever to the fracture or the sprain.

Some of these omissions we believe to be inseparable from the plan the author has followed; others are, in our opinion, correctable.

HOW A PERSON THREATENED OR AFFLICTED WITH BRIGHT'S DISEASE OUGHT TO LIVE. By Joseph F. Edwards, M.D. Philadelphia: Presley Blakiston, 1881. 16mo, pp. 87. Price 75 cts.

This little book is written primarily for the laity, and to this fact can probably be attributed certain inexact expressions, such as those about opening the pores of the skin and the explanation of the action of counter-irritants. With these unimportant exceptions we can heartily commend the book. It is earnest, honest, and sensible. Its main idea is to emphasize the necessity of resting the diseased kidneys, and keeping up a good condition of the system at large. Excesses in eating, drinking, smoking, and in mental as well as physical work are pointed out as dangerous, and a temperate, well regulated mode of life is urged upon those who are affected with Bright's Disease. As a suggestive by-work upon the disease, we recommend it to the attention of physicians as well as those for whom it was more particularly intended.

A TREATISE ON DIPHTHERIA. By A. Jacobi, M.D., Clinical Professor of Diseases of Children in the College of Physicians and Surgeons, New York, etc. New York: Wm. Wood & Co., 1880. Large 8vo, pp. 252. Price \$2.00.

In the volume before us Dr. Jacobi considers the history, etiology, manner of infection, contagion, symptoms, anatomical appearances, diagnosis, prognosis, and treatment of diphtheria. This is done in a most scholarly and scientific way. Extended experience has furnished him the material for distinct personal opinions, and wide reading the opportunity to compare many views with his own. The outcome is a treatise which is an uncommonly valuable addition to medical literature. The method pursued in treating the subject is excellent, and of especial practical use is the summary with which each chapter, except that on prognosis, concludes. The manner is as outspoken as his experience and study warrant, but is not dogmatic or overbearing. Of the matter it would be impossible to give any adequate idea in this place; but one or two points may be noted. Jacobi opposes outright the germ theory of this disease, and has had the good fortune to be able, through the enterprise of his publishers, to add, after the work was almost all printed, the essential points of the paper of Drs. Wood and Formad on the "Production of Diphtheria in the Lower Animals," of

which we gave an abstract in our December number. He regards as diphtheria what is often called membranous croup, and devotes some space to criticising the points of differential diagnosis of other authors. Indeed, the presence of a genuine false membrane seems to be, in his opinion, the touchstone. The clinical differences he would account for without assuming the diseases to be different. It is certain—if the experiments and conclusions of Wood and Formad stand—that we shall soon see a reaction from the skepticism which would assert, if the patient did not die, he had not diphtheria; and perhaps not a few shrewd men will conclude they have fallen into an error of too great incredulity, which is no more scientific than its opposite.

The chapter on treatment is one that leaves nothing to be desired in the way of fullness, clearness and practical value. Every case, it is stated in the summary, should be treated on general principles, with symptomatics, roborants, stimulants, febrifuges, externally, internally, or hypodermically. The uncertainty of the termination and the frequency of collapse or sepsis, prohibits procrastination. Waiting long means often waiting too long.

We can and do heartily recommend the book to our readers.

MEDICAL HERESIES HISTORICALLY CONSIDERED. By Gonzalvo C. Smythe, A.M., M.D., Professor of the Practice of Medicine, Central College of Physicians and Surgeons, Indianapolis, etc. Philadelphia: Presley Blakiston, 1880. 8vo, pp. 228. Price \$1.25.

This is an interesting book, treating of the various errors which have arisen in general medical belief from the Egyptian epoch to the present. There is in it evidence of a careful study of the subject, and much useful knowledge may be drawn from its pages.

But a polemical book should be, above all things, fair; and it is to be regretted that our author does not seem to have had this always in mind. He speaks very unadvisedly, on page 80, about Calvin and Servetus. The hackneyed story he repeats, we have not space to correct; but we advise our author to study more carefully the times, the obnoxious character of Servetus, and the part that Calvin actually took in the affair alluded to.

Again, in regard to homœopathy, the author uses expressions that are undignified and little likely to do good. Worse, and utterly unfair, is the imputation of dishonesty based upon his erroneous calculation (pp. 150–153) of the number of vials and strokes, and the quantity of alcohol requisite to raise a drug to the thirtieth dilution. As a matter of fact, instead of the enormous figures he gives, it requires only two vials, three hundred and sixty strokes, and less than seven

fluid ounces of alcohol to get a solution of one hundred minims at this dilution. Homœopathy cannot be corrected by mis-statements, and the book before us would be more convincing if the arguments were kept within the legitimate bounds of scientific discussion.

MECHANICAL DENTISTRY. By Joseph Richardson, D.D.S., M.D., Professor of the Principles of Prosthetic Dentistry in the Indiana Dental College, etc. Third Edition, Revised and Enlarged. Illustrated. Philadelphia: Lindsay & Blakiston, 1880. 8vo, pp. 443. Price, Cloth, \$4.00; Leather, \$4.75.

The changes in dental practice follow each other in such rapid succession that authors of text-books upon dental subjects must needs revise and enlarge their works at frequent intervals if they would keep abreast of the times. Dr. Richardson has recognized this fact, and has met the demand by revising and enlarging his work on mechanical dentistry.

Much of the matter contained in former editions appears in the present volume; but the author, by leaving out what experience has shown to be of little value to the profession, has made room for much that is new and valuable.

In Part first, Chapter first, which treats of "the different modes of applying heat," many new and valuable modes have been introduced—chiefly those of Mr. Fletcher, all or most of which have been introduced into dentistry since the publication of the former editions.

Several new chapters have been added—one upon "Celluloid Base," which will be of value to many who have had little or no experience in working this comparatively new material. Another chapter, upon "Gold Alloy Cast Base," has been added. While this may be interesting to many readers of the volume, it is quite doubtful whether the invention is of sufficient value or importance to warrant giving so much space to it in the present work.

The chapter devoted to "Pivoting Artificial Crowns" is exceedingly complete and valuable. It treats of many of the new methods which have been occupying the attention of dentists for several years past. Space will not admit of a detailed notice of each, but the chapter renders the work valuable to all who are not thoroughly acquainted with the various methods which promise much in the way of rendering crownless teeth useful and valuable.

We take pleasure in commending the book to all students and practitioners of dentistry, believing it to be one of the most valuable contributions to dental literature which has appeared in years.

E. T. D.

WOOD'S OPHTHALMIC TEST TYPES AND COLOR BLINDNESS TESTS. William Wood & Co., New York.

This is a box containing test types and color blindness tests, which can be made very useful to the general practitioner and his patients, if properly used. It has eight spherical glasses, which can be combined so as to serve for making an approximate test of the range of vision. The cards for testing for astigmatism are clear and good. Two explanatory pamphlets accompany the set. In one, by Dr. Cutter, we note the remarkable statement that astigmatism is of comparatively rare occurrence. On page 15, also, the selection of green and gray with purple is said to indicate red-blindness; it should read *blue and violet*. In examining the spherical trial sights we find several of them not accurately centred—a serious defect which ought to be corrected. The figures in them should be made more plain and legible also.

LINDSAY & BLAKISTON'S VISITING LIST, FOR 1881. Philadelphia: Presley Blakiston.

This list has reached its thirtieth year. It contains spaces for patients' names, columns for days, and at the end of each week a column for amounts to be charged. It has also an account of Marshall Hall's method of treating asphyxia, a table of poisons and their antidotes, the metric system, a posological table, and one for calculating the period of gestation.

THE MEDICAL RECORD VISITING LIST, FOR 1881, New York, Wm. Wood & Co.

This contains a table of the metric system, a comparison of Centigrade and Fahrenheit thermometer scales, a table for calculating the duration of pregnancy, approximate equivalents of small Troy and metric weights, doses of drugs, disinfectants, tests for urine, a list of poisons and their antidotes, advice for emergencies, facts in regard to certain remedies, a description of Lister's method and dressing, and the treatment of asphyxia. It has also an excellent arrangement for the usual register of services rendered and charges to be made.

BOOKS RECEIVED.

—"How Persons Afflicted with Bright's Disease Ought to Live." By Joseph F. Edwards, M.D. Philadelphia, Presley Blakiston, 1881. 16mo, pp. 87.

—"Surgical Diagnosis." By Ambrose L. Ranney, A.M., M.D., etc. Second edition. New York, William Wood & Co., 1880. Large 8vo, pp. 471.

—"Diphtheria." By A. Jacobi, M.D., etc. New York, William Wood & Co., 1880. Large 8vo, pp. 252.

—"Nasal Catarrh." By Beverly Robinson, A.M., M.D., (Paris) etc. New York, William Wood & Co., 1880. Large 8vo, pp. 182. Illustrated.

—"Nervous Exhaustion." By George M. Beard, A.M., M.D., etc. Second edition. New York, William Wood & Co., 1880. 8vo, pp. 198.

—"Wood's Library of Standard Medical Authors." Eleven volumes. New York, William Wood & Co., 1880.

—"The Medical Record Visiting List for 1880." New York, William Wood & Co.

—"Cutaneous and Venereal Memoranda." By Henry G. Piffard, A.M., M.D., etc., and George Henry Fox, A.M., M.D., etc. Second edition. New York, William Wood & Co., 1880. 32mo, pp. 309.

—"Ophthalmic and Otic Memoranda." By D. B. St. John Roosa, M.D., etc., and Edward T. Ely, M.D., etc. Revised edition. New York, William Wood & Co., 1880. 32mo, pp. 298.

—"Wood's Ophthalmic Test Types and Color Blindness Tests." New York, William Wood & Co.

PAMPHLETS RECEIVED.

—"Staton's Gastrotomy." Reprint from *North Carolina Medical Journal*, October, 1880.

—"The Abdominal Method of Singing and Breathing as a Cause of Female Weakness." By Clifton E. Wing, M.D. Reprint from *Boston Medical and Surgical Journal*.

INSTRUMENTS RECEIVED.

—Binaural Stethoscope. From William Snowden, Philadelphia. Price \$3.00. This is the best binaural stethoscope we have seen; simple in construction and satisfactory in its working.

Selections and Abstracts.

FOREIGN BODIES IN THE EAR.—Dr. Charles H. Burnett reported recently to the Pathological Society of Philadelphia (*Philadelphia Medical Times*, Oct. 9, 1880), some interesting cases of this sort. Among them was one where a Boston aurist, called to see an old lady, was told a child had put a shirt button in her ear, and that, though she had no pain, she had summoned her family physician, who was a homœopath, to have it taken out. This physician examined the ear and said he could see the "button distinctly, as it was quite pearl-like in appearance." He then proceeded to extract the foreign body, but failed. Finally, ether was given, and a prolonged gouging and probing carried on, but no button could be got from the ear. When the old lady recovered from her narcosis she showed signs of great prostration; and, as it was supposed that the button was still in the ear, the aurist alluded to was summoned. He found that there was no button in the ear, and there was reason to believe there never had been, as the button which had been said to be in the ear was subsequently found on the floor, near where the child and its grandparent had been sitting. What the homœopathic physician had seen, and supposed was

the button, was the membrana tympani, which in the normal state looks like a pearl in color. To this he had directed his efforts and gouged it and the ossicles of hearing entirely out, thus destroying the ear forever.

In Dr. Burnett's own experience, a junior partner in a machine shop called for relief from discomfort in his ear and deafness. He was a large, strong man, but pale, anxious, and bathed in clammy sweats, manifesting, in fact, symptoms of shock. He stated that a few days previous a horse had splashed mud into his ear. No discomfort, save a little dullness of hearing, ensued; but his comrades insisted on his having the mud taken out, and they extracted it with wires and small tools. Manipulation of the roughest kind was continued on the ear, until the man could endure it no longer. Great and continued pain ensued; the hearing became worse, and the man had to desist from work. Some little mud was taken out by his companions, and "several small, white pebbles," as he said, most probably the ossicles. Examination showed the *membrana tympani* to have been clearly cut away from its attachment to its bony ring, and all ordinarily visible parts of the ossicles removed by his rough companions.

Two important considerations arise, at the outset, when a foreign body is supposed to be in the ear. First, make sure of the diagnosis; and, second, make no effort at extraction which will do more harm than leaving the foreign body there.

As an instance of presence of mind and ingenuity, he told of a gentleman who, just after going to bed, felt an insect enter his left ear. Being entirely alone in his house, he was thrown altogether on his own resources. He thought then of a method of inducing the insect to come out; so he struck a light and held his ear as close as possible to it. He soon felt the insect turn and retrace its steps and come to the entrance of the meatus, when, with his finger nail, he caught and tore off its head. All movements now ceased and he removed the body of the insect at his leisure.

The most efficient treatment of foreign bodies in the ear is to drop in a little warm water or oil and employ the syringe. Instruments should be used only by the expert.

LARYNGOTOMY FOR MEMBRANOUS CROUP (DIPH-
THERIA?).—Dr. Alfred North reports, in the *New York Medical Record*, December 4, 1880, the case of a girl, eleven years old, upon whom he operated by opening the larynx. When first seen the symptoms pointed to congestion of the lungs. The next evening the dyspnoea had increased until she was cyanotic; and at ten o'clock he feared she would die of asphyxia unless surgical interference was permitted.

This was refused, however. The next morning he was called to see her, and before the parents consented to an operation she ceased to breathe. Artificial respiration was instituted and the larynx quickly opened through the crico-thyroid membrane. Very tough muco-purulent matter was expelled, and some drawn out with a suction-pump. Six hours later the child was "laughing and feeling very happy." The third day dyspnœa recurred, and he, with a long, curved syringe, threw into the trachea about half an ounce of a salt solution, about as strong as sea water. Violent coughing ensued and "membrane and large pieces of tough, inspissated mucus, resembling glue in texture and appearance, were thrown off." The injection was repeated in a few minutes, with the same result, and then the patient slept quietly for half an hour. This day food entered the trachea and was expelled by the opening in the larynx. "The bronchi required to be washed out repeatedly"—each washing being followed by the expulsion of membrane and mucus, as before, and by great relief from dyspnœa for five to six hours, the child asking for it to be done. The fifth day after the operation, at his morning call, the child was sleeping so quietly he did not awaken her. Later in the day, on taking food, some passed into the trachea and the patient was quickly suffocated. At a *post-mortem*, made the following day, he found the epiglottis standing erect, the larynx lined with a thin, diphtheroid membrane; the trachea below congested, but having no membrane, and appearing as if a membrane had recently been thrown off.

Permission to examine the lungs could not be obtained. The left one he believed to have been affected with catarrhal pneumonia.

The practical lessons to be learned from this he thought to be:—

1st. That after operations upon the larynx or trachea, where food regurgitates into the air-passages, rectal alimentation alone should be used.

2d. That the operation of laryngotomy should be oftener done; since it is not in itself a dangerous one, and rarely a primary cause of death.

3d. That the nearly total absence of vesicular murmur need not render the case hopeless, for in this instance the murmur returned as soon as the opening of the trachea admitted sufficient air to expand the lung.

[To our mind, the most interesting points of this report are, the absence of evidences of diphtheria—other than the expulsion of a membrane—the paralysis of the laryngeal muscles, and the account of the injection of salt water to clean out the trachea and bronchi. The reporter calls it a case of membranous croup. Was it not one of diphtheria?]

TREATMENT OF DEPRESSED FRACTURE OF THE NASAL BONES.—Dr. Lewis D. Mason, in the *Annals of the Anatomical and Surgical Society*, of Brooklyn, recommends supporting the fragments with an ordinary three-cornered surgical needle of medium size, so as to afford not only a posterior support to the nasal bones, but to act also as a tie-rod holding together the sides of the nasal arch. After proper elevation of the depressed fragments, the needle is passed horizontally through the line of fracture of the nasal processes on either side.

The line of fracture can be readily felt before inserting the needle, or can be searched for subcutaneously with the point of the needle. Should the line of fracture not prove symmetrical, the needle can be drilled through the nasal processes on either side, at such points as circumstances may dictate. Under any conditions the needle will have three points of support: the nasal processes on either side and the nasal septum. To complete the dressing, a small strip or ribbon of pure rubber bandage is placed over the bridge of the nose by puncturing either end on the head and point of the needle, giving the rubber sufficient tension to exert a gentle downward and lateral compression, but not enough to interfere with the circulation of the part, or to exert an injurious degree of pressure on the fragments. The point and head of the needle may be protected by small pieces of cork. At the end of the sixth day, or as soon as consolidation is sufficiently advanced to sustain the fragments, the needle may be withdrawn. Anæsthesia will be necessary during the manipulation for the restoration of the arch, the passing of the needle, and probably for its removal also.

The advantages that this method seems to possess are as follows:—

It gives adequate posterior support to the fragments, and binds them together. It does not admit of displacement by any ordinary movements or subsequent swelling. It does not impede respiration. It admits of constant inspection of the fracture without removal of the dressing. It permits the application of evaporating lotions if desired. It inflicts the least possible injury to the soft and hard tissues, being simply a needle puncture. It is comparatively inexpensive and simple in its application.

EYE DEFECTS AS RELATED TO CONSTITUTIONAL DISEASES.—Dr. St. John Roosa, in the *New York Medical Record*, October 9, 1880, objects to the theory of Dr. Stevens, of Albany, that chorea is caused by an error of refraction, and that this disease and epilepsy can be cured by proper training of the ocular muscles, by means of prisms and tenotomy.

Dr. Roosa bases his objection upon sensible and conservative grounds, which are well worth repeating at a time when the influence of special troubles is in some danger of being pressed to unwarranted lengths. Investigation shows that vastly more persons have defects of vision than present any morbid nervous phenomena. Chorea, for example, is, after all, a rare disease, and Dr. Roosa's own examination showed quite a proportion of children so affected without hypermetropia. The whole article (a report of a clinical lecture) is worth looking up and reading, and the following conclusion commends itself to the judgment as safe and sound :—

"I have seen no cases of epilepsy or chorea that are benefited or cured by the use of spectacles or prisms. I have seen several where they have failed to relieve much less serious diseases. My opinion is that even in the matter of the relief of weak eyes, or what we call asthenopic symptoms, the value of glasses is more circumscribed than was supposed when Donders' discoveries became the common property of the profession. This seems to be the opinion of those who participated in the first triumphs that ophthalmology won, when the ophthalmoscope and the value of correcting glasses were discovered. Now that we have come to the proper estimate of their value in local affections, we are asked to believe that a panacea is found in prisms and division of the external muscles for diseases of the nervous system. I, for one, cannot accept this new and very meagerly supported doctrine. All the philosophy of disease is against its truth. But before this, for our philosophy may be wrong, the facts are, in my opinion, entirely wanting to sustain such a doctrine."

COLOR BLINDNESS.—In a clinical lecture on Color Blindness (*Medical News and Abstract*, December, 1880), Dr. William Thompson calls attention to the prevalence of this defect, one man in every twenty-five being color blind—though only about one woman in four thousand is so—and the danger it threatens those who travel by land or water. Dr. Jeffries, of Boston, has thoroughly investigated this subject and influenced the United States Government to recognize its importance; so that now all recruits for the army are examined for color blindness; and although this is not a cause for rejection, those found defective are disqualified for service in the signal corps. The cadets at West Point are also examined previous to their admission. The Surgeon-General of the Navy has ordered examinations, by the medical officers, of all persons in the navy; and in the merchant marine every person applying for a license as pilot must submit a certificate from a physician that the color per-

ception is good. Dr. Jeffries has also been urging Congress to aid in calling, in conjunction with foreign governments, an international congress, to which should be referred the task of establishing international standards of visual acuteness and color perception. These advances are in response to the action of the ophthalmic section of the British Medical Association, which has passed resolutions and forwarded them to the British Government, and to the International Ophthalmological Congress, which recently met at Milan. It is to be hoped that our Government may take favorable action this winter, and appoint persons to represent our interests at that congress.

HEROIC TREATMENT OF GONORRHOEAL OPHTHALMIA.—Mr. Critchett reports in the *Lancet* a case in which, owing to the severity of the symptoms, the difficulty in separating the lids, and the impossibility of getting any solution into contact with the conjunctiva, he had no hope of saving the sight, and felt justified in adopting any treatment that promised a ray of hope. So he passed a director under the upper lid, as far as the edge of the orbit, and, with a small bistoury, divided the lid perpendicularly as far as the margin of the eyebrow. To more completely expose the cornea he separated the two angles of the divided lid and fixed them with sutures to the skin of the brow. The cornea was not ulcerated, but was buried in the swollen conjunctiva. The immediate effect of this proceeding was to diminish the redness and swelling of the lids and conjunctival membrane, and to expose the surface of the eyeball. The subsequent treatment consisted in painting the entire surface of the conjunctiva, three times a day, with a solution of nitrate of silver—thirty grains to the ounce—and frequent cleansing and syringing with a solution of alum—ten grains to the ounce. A piece of linen moistened in this solution was kept constantly applied to the eye. At the end of six weeks the eye had recovered with a perfectly bright, healthy cornea. A fortnight later the edges of the divided lids were pared and brought together with fine sutures. Good union occurred, with very slight deformity, and no impairment of function.

BOILS IN THE EXTERNAL AUDITORY MEATUS.—Dr. Weber-Liel, in the *Deutsche Med. Wochenschrift*, April 10, 1880, recommends injecting into the boil, before pus has formed, from two to four drops of a five per cent. solution of pure carbolic acid. Then the ear is to be carefully washed out with a very weak solution of corrosive sublimate.

Medical Notes.

—Dr. William Pepper has been nominated for Provost of the University of Pennsylvania.

—At St. Mary's Hospital, Philadelphia, a special ward has been set apart for the treatment of diseases of the eye and ear, and Dr. H. Augustus Wilson will hold regular clinics on Tuesdays, Thursdays and Saturdays, at 3 P. M.

—The Board of Trustees of the University of Pennsylvania have nominated Dr. William Pepper, who now occupies the chair of Clinical Medicine, for the Provostship of that institution. The Trustees contemplate making a number of important changes in the duties of the Provost.

—The *Independent Medical Investigator*, an "eclectic" journal, tells us that the Indiana Eclectic Medical College has a fine class; and on another page, "a special school for idiots at Hague, Holland, has been in existence for a quarter of a century. It is said to be well patronized."

—The Medical Society of the County of New York have awarded a prize to an essay by Dr. C. L. Dana, "On the Benignity of the Specific Diseases." This essay is founded on the conscientious and laborious study of three hundred and seventy-eight cases of syphilis in seamen, and the society praise its literary excellence in simplicity and variety of style and clearness of statement. The publication of this essay must be looked for with interest, as it is in the line of the views of the most thorough and careful students of syphilis.

—According to the *Arkansas Medical Monthly*, Arkansas is the only State in the Republic that has no insane asylum. County jails are the only abiding places for those who have lost their reason. The Pulaski County jail has the largest number of this class; it is too filthy for a pig-pen; in it there is not clothing sufficient to protect the prisoners from the weather, and naked men are confined in the same room with insane women. Well may the outspoken journal from which we gather these facts urge the Legislature of Arkansas to correct this horrible state of affairs.

—The Philadelphia School of Ophthalmology (1012 Walnut street) has just been organized, to furnish systematic instruction and demonstrations in the pathology and treatment of diseases of the eye and defects of vision. The prospectus lays out a thorough plan of work. It can be had by addressing any of the lecturers, who are as follows: P. D. Keyser, M.D., Lecturer on General Ophthalmology; Thos. H. Fenton, M.D., Lecturer on Ophthalmoscopy; Frank Fisher, M.D., Lecturer on Operative Ophthalmology; Francis M. Perkins, M.D. (Secretary), Lecturer on Accommodation and Refraction.

—At the Philadelphia School of Anatomy, Dr. John B. Roberts announces that he will give, after the Christmas holidays, a series of lectures on Surgery, designed for graduates who may desire to renew their knowledge of Practical Surgery. The class will be instructed in Surgical Diagnosis, Pathology and Treatment, and given opportunity to operate upon the eye, nose, mouth, and genito-urinary apparatus, and to perform the various ligations, amputations

and resections. Dr. H. Augustus Wilson will at the same time give a practical course of lectures on Mechanical Surgery and the Diagnosis and Treatment of Fractures.

—The Secretary of the Navy, in his annual report to Congress, says: "The sanitary condition of the navy has been made the subject of special and extensive investigation, and, in comparison with foreign navies, the results have proved eminently satisfactory. These have been secured in great part by the adoption of appropriate hygienic measures."

And again, apropos of color-blindness: "The safety of a vessel and a crew may turn upon the accuracy of the powers of vision, and hence the importance of ascertaining the soundness of the eye, both as regards color perception and refraction. It is to be regretted that no uniform standards for such examinations exist among the various maritime nations as seem to be demanded in the interests of the safe navigation of the seas. Some movement upon this important subject is desirable, and I recommend that Congress authorize the creation of a commission, under the National sanction, to determine these matters by scientific and uniform methods."

—At the final meeting of the Public Health Association, in New Orleans, December 10, 1880, resolutions were adopted recognizing the importance of uniformity of views and of statements in regard to the nature and nomenclature of diseases and causes of mortality, and urging all Boards of Health and other public authorities, the medical profession and all members of the Association, to do whatever they can to promote such uniformity and thoroughness.

In regard to diphtheria, it was resolved, that its contagiousness is so established that it should in all cases be treated with the same rigorous isolation and quarantine that is everywhere enforced against small-pox. And, further, that, as little or nothing is known of the origin of diphtheria, the National Board of Health be requested to continue its investigation into the causes of this disease.

Strong resolutions in regard to the necessity of vaccination were adopted; and an altogether impracticable (we think) suggestion made that the Legislatures of the States enact measures, imposing severe penalties against any person who, while suffering from any dangerous contagious or infectious disorder, wilfully exposes himself, without proper precautions against spreading the said disorder, in any street, shop or other public place, unless the person so diseased shall notify the owners of buildings, or conductor or driver of vehicles or other conveyance that he is so suffering; also to impose a penalty upon any person who, being in charge of any one so suffering, shall wilfully and knowingly expose such sufferer.

—Through the efforts of the *Sanitary Engineer*, the National Board of Trade, last December, instituted a competition for "the best Act or Acts, accompanied by an essay, designed to prevent injurious adulteration, and to regulate the sale of food, without imposing unnecessary burdens upon commerce." One thousand dollars was offered in prizes, which sum had been given to the Board for that purpose by Mr. F. B. Thurber, of New York.

The Committee of Award, consisting of John S.

Billings, Surgeon U.S.A., Vice-President National Board of Health; Prof. Chas. F. Chandler, President Board of Health, of New York; ex-Chancellor B. Williamson, of New Jersey, and A. H. Hardy, Esq., of Boston, have just made their report. The essays deemed most meritorious were, in order of merit, as follows: No. 1. By G. W. Wigner, F.C.S., London; No. 2. By Vernon M. Davis, New York; No. 3. By Wm. H. Newell, M.D., Jersey City, N. J. The committee add that none of the essayists produce any satisfactory evidence as to the widespread existence of dangerous adulterations in this country. The absence of such evidence and the results recently obtained by several expert chemists in extensive series of analyses of the usual articles of food in this country, fully warrant us in declaring that none of our staple articles of food or drink are so commonly adulterated as to be dangerous to health or life.

They further suggest that the main objects of legislation on this subject should be to prevent deception, to furnish to the public authoritative information, and to nullify the operations of ignorant and sensational alarmists.

For physicians there is especial interest in their declaration that they are of the opinion that there is much more danger to health and life in this country from adulterated drugs than there is from adulterated food, and that any legislation which is to deal with the one should also deal with the other.

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Contents.

	PAGE
ORIGINAL COMMUNICATIONS:—	
The Determination of Normal Vision. Second paper. By FRANCIS M. PERKINS, A.M., M.D.	17
Urethral Troubles Due to Causes in the Rectum. By C. A. BRYCE, M.D.	20
Psoriasis Capitis, Eczema Capitis, and Eczema Im- petiginosum. By PROF. ISIDOR NEUMANN.	21
EDITORIAL:—	
Editorial Opportunities.	24
BOOK REVIEWS:—	
Nervous Exhaustion (Neurasthenia). By George M. Beard, A.M., M.D., 25; A System of Human Anatomy. By Erasmus Wilson, F.R.S., 25; A Manual of Ophthalmoscopy. By Dr. Daguene, 25; Food for the Invalid. By J. Milner Fothergill, M.D., and Horatio C. Wood, M.D., 25; Paracentesis of the Pericardium. By John B. Roberts, A.M., M.D., 26; Dwelling Houses. By W. H. Corfield, M.A., M.D., 26; Nasal Catarrh. By Beverly Robinson, A.M., M.D., 26; Philology. By John Peile, M.A., 26; Cutaneous and Venereal Memoranda. By Henry G. Piffard, A.M., M.D., and George Henry Fox, A.M., M.D., 26; Ophthalmic and Otic Memoranda. By D. B. St. John Roosa, M.D., and Edward T. Ely, M.D., 26; The American Armamentarium Chirurgicum, 26; Pocket Therapeutics and Dose Book. By Morse Stewart, B.A., M.B., 26.	
REVIEWS OF PERIODICALS.	26-27
LITERARY NOTES.	27
BOOKS RECEIVED.	27
SELECTIONS AND ABSTRACTS.	28-30
MISCELLANY.	31
RECENT PUBLICATIONS.	32

THE DETERMINATION OF NORMAL
VISION.

(Second and Concluding Paper.)

BY FRANCIS M. PERKINS, A.M., M.D.

Thus far you have ascertained the acuity of vision for distant objects only. There yet remains the determination of the "range of accommodation"—the ability of the eye to distinguish objects at varying distances, or what is often spoken of as "near vision." Your patient being seated, you now give him the card to hold in front of the eye not under examination, being particularly careful that he holds it as you did during the process of testing the distant vision.

Open your book of Snellen's Test Types and turn to the page containing the smallest print, *i. e.* "D = 0.5," "D = 0.6," etc. These figures signify, as do those over the large letters of your

"distance card," in metres or fractions thereof, the *greatest distance of distinct vision* for the type over which they are placed.*

Take your test-book in one hand and the metre measure or yardstick in the other, allowing one end of the measure to rest lightly against the cheek, below the eye you propose to examine. With the light coming over the patient's shoulder, hold the page about 8 inches or 20 centimetres† distant from his eye, and ask him to read the finest print. If he says he cannot do so, move the page until it is 12 or 14 inches away, and then bring it gradually up to within 3 or 4 inches of the eye, and see if it can be read anywhere within this range. If change of position does no good, then try the next larger type, and then the next, until you come to the smallest size which he can read. Some patients, when asked to read the smallest type, immediately drop their eyes to the largest, and encouragingly commence to read *that* to you. Should you chance upon such an one, you had better quietly ask him to read the next smaller size, and then the next, until you finally come to the smallest size legible. By taking things calmly you will frequently procure a reading of letters several sizes smaller than those which were at first announced as the smallest legible.

Having found the smallest print that is legible, cause your patient to *read it aloud to you* (it will not do for him to say that he can read it), and while he is so engaged, gradually withdraw the book until a point is reached at which reading becomes impossible. The distance from the eye, you carefully note upon the measure, which has meanwhile been kept in contact with the face; you then gradually bring the book closer to the eye, the patient still reading aloud, until a point so close to the eye is reached that the letters blur, and reading again becomes impossible, except with strain. This point, the *nearest point of distinct vision*, you note upon your measure, and the examination of that eye is completed.

Suppose the smallest type ("D = 0.5") be the

* These figures really give the radius of a circle in which a chord subtending an arc of 5 minutes is equal to the height or breadth of each letter. This will be found to be the exact measurement of the larger letters of Snellen's types, and very nearly, if not quite so, of the smaller letters of the "D = 0.5," "D = 0.6," type.

† $2\frac{1}{2}$ centimetres = 1 inch, for the purposes of this paper.

one read, and the furthest and nearest points of distinct vision are situated at fifty centimetres and ten centimetres, respectively, from the eye; you will then record in your note book that, "the range of accommodation" (or simply "Acc"), "is 10 cent.—50 cent. for 0.5 type;" or if you choose to use inches say "4 inches—20 inches." Now, the question will arise, what relation does this result bear to that obtained from the examination of an optically perfect eye. In such an eye the "far point" for 0.5 type lies at 0.5 metre, or fifty centimetres; occasionally it is at sixty or even seventy centimetres. A "far point" of forty-five centimetres for this type is, even with good daylight illumination, very frequently met with; while insufficient illumination or blurred type may easily put the "far point" at forty centimetres. But, as a rule, with good daylight illumination coming over the patient's shoulder, we should expect a person under forty years to read clear type of the "0.5" size as far off as forty-five or fifty centimetres. At forty-five years this print will probably be illegible without glasses, unless near-sightedness exists.

The "near point" is influenced considerably by age and the existence of myopia. A child of twelve years or under may read this smallest type as near as ten centimetres or less; but a person of twenty or over will, unless myopic, usually say that inside of fifteen centimetres the type blurs; while after thirty-five years, and markedly after forty years, a near-point of twenty centimetres is close enough for comfort, and twenty-five centimetres is preferred. Other things being equal, near-sighted people have a nearer "near point" and also a nearer "far point" than others, and, if they are elderly people, will be able to read without spectacles smaller type than others of the same age who are not myopic. This is the reason why some people read and sew without glasses at fifty or sixty years, or even when older.

The erroneously so-called "far sight of young people" (*i.e.* hypermetropia), has a notable tendency to cause recedence of the near point; and its presence is the reason why some young people have to hold fine print as far, or even further, from their eyes than people many years older than they, and why these same young

people are in many cases, unable to read fine print at all, or only by severe and painful effort.

Having taken the accommodation of one eye, you in like manner take that of the other one, and your examination is finished.

When fully recorded it might stand something like this:—John Smith, aged 30. R. E. V. = $\frac{1}{2}$, Acc. = 0.5 15°—50°. L. E. V. = $\frac{1}{4}$? (50 per cent.), Acc. = 0.5 8°—35°,—where the presumption would be that Mr. Smith was near-sighted in his left eye.

Having taken distant vision and found that it is not perfect, or having found that the range of accommodation for small print is not as good as the age of the patient leads us to expect, is it possible to ascertain, without the aid of the ophthalmoscope, or the assistance of the trial-sight lenses used by the oculist, the existence of an optical defect and the nature thereof?

This is a question which might very possibly present itself to a practitioner who would like to be assured that an optical defect *does* exist before sending his patient on a long or expensive journey to an oculist. Suppose that a physician in the country has a child brought to him, who complains that his eyes pain when he studies or reads, and who endeavors to find excuses for avoiding study; while the child's school-teachers or parents have settled it in *their* minds that the child is lazy and does not wish to learn. Here is a case requiring a differential diagnosis between an optical defect and laziness. Can it be made without the paraphernalia of an eye hospital or an oculist's office?

It can, in many cases, be done; and the following is the method of procedure:—First take the distant vision and accommodation of each eye separately, as before described, being particularly careful in the determination of the distant vision. Then make an instillation into the eye of about three drops of a solution of some mydriatic. In about twenty minutes repeat the instillation, and then wait for one hour. At the expiration of the hour, make another examination of the acuity of *distant vision*. It will be impossible to take the accommodation, because the mydriatic will, except in cases of extreme myopia, have destroyed, for the time, the power of accommodation.

Compare, now, the result of your examination

during mydriasis with that made before it, observing carefully what difference, if any, exists between them.

Mydriasis may affect distant vision in any one of the three following ways:—

- I. It may not change it at all.
- II. It may diminish it.
- III. It may increase it.

I. *Where the acuity of vision is not affected by the mydriatic*, it may be taken for granted—

(a) That the eye is optically perfect, or else that the defect, *if an optical one*, is of *such a nature* as to be ascertained only by the oculist's trial lenses.

(b) That defective vision, *if present before mydriasis*, does not depend upon an *optical defect*.

(c) That the eye is *myopic*, or near-sighted.

II. *Where the acuity of vision is diminished by the mydriatic*, we have an eye which is one of the so-called "far-sighted" eyes (i. e., hypermetropic). Such eyes are constantly calling upon their power of accommodation in order to see sharply, this strain being put upon the accommodative power in the use of the eye for distant as well as for near vision. But when a mydriatic is used, the accommodative power is paralyzed; whatever the eye can see without calling upon its accommodation, *that* it sees, but nothing more, unless by the assistance of a convex glass, which we are now supposing we do not have access to. The optically perfect (emmetropic) eye perceives objects at a distance without calling upon its accommodative power, and consequently the mydriatic does not affect *its* distant vision; while the hypermetropic eye, being deprived by mydriasis of its power of accommodation (by the use of which it was enabled to see—perhaps perfectly—at a distance), has *its* acuity of vision diminished to such a degree that it not infrequently happens that such an eye, which, in the examination before mydriasis, had a vision = $\frac{5}{8}$, will, under the mydriatic, have a vision of only $\frac{4}{8}$; i. e., nine tenths of the visual acuity has vanished under mydriasis. Usually, we find a much less diminished acuity; a vision of $\frac{3}{8}$ or $\frac{2}{8}$ under mydriasis replacing a vision of $\frac{5}{8}$ before using the mydriatic, or some corresponding diminution. Of course, such a state of affairs is apt to induce some alarm in the mind of the

patient unless he be told, at the time the drug is used, what the effect will be.

III. *Where the acuity of vision is increased by the mydriatic* we have to deal with a case of spasm of the accommodation.* Instances of this action of a mydriatic are comparatively rare; yet, as they sometimes present themselves, it is well to mention them, and explain why this increase of vision comes about.

As before stated, an optically perfect (emmetropic) eye sees at a distance without calling upon its focusing or accommodative power. Now it sometimes happens that the ciliary muscle, upon the proper and regular contraction of which the power of accommodation depends, may pass into a condition of spasm, exactly as may any other muscle in the body. When this happens the eye will be in a state of adjustment for a point nearer than it would be if such a spasm did not exist. Suppose the vision of such an eye before mydriasis is $\frac{1}{8}$; the mydriatic will abolish the power of accommodation, the eye will be adjusted for its furthest point of vision, and the acuity of vision will be increased, perhaps, to normal sharpness; though, as these cases of ciliary spasm frequently depend upon an optical defect which the eye is constantly striving to overcome by its power of accommodation, it is somewhat unusual to find in them normal sharpness of vision following mydriasis.

Spasm of accommodation is due to various causes, chief among which is an optical defect of so slight a degree that the eye, by an effort, can overcome it, and by the effort so made and constantly kept up the spasm is induced.

Reflex irritation, transmitted by the nerves from other portions of the body, may also be a cause of ciliary spasm. One of the most striking examples of this condition of which I have personal knowledge, was dependent upon uterine trouble. In this case vision before mydriasis was reduced more than one-half, and normal vision was obtainable only by a strong concave (myopic) glass. Under mydriasis vision rose to more than $\frac{5}{8}$.

Thus by the use of a mydriatic it is possible for the general practitioner to determine the ex-

* No account will be taken, in this paper, of the action of a mydriatic in temporarily improving vision in certain kinds of cataract, as it is not germane to the subject.

istence of an optical defect without the test lenses of the oculist, and without the use of the ophthalmoscope; the employment of which for the determination of the nature and amount of optical defects implies a good deal more than ability to see the fundus oculi.

No attempt has been made, in the above line of procedure, to give directions for determining the existence of astigmatism; because this optical defect is in most cases so engrafted upon myopia, or hypermetropia, that its isolation as a distinct optical trouble is difficult or impossible, unless one understands the use of the ophthalmoscope, or has access to a set of trial sights, and knows how to use them. Simple, uncomplicated astigmatism (myopic or hypermetropic) is quite rare, and *mixed* astigmatism still rarer. Neither has it been attempted to estimate the *grade* of the myopia or hypermetropia; simply a method of ascertaining the existence of an optical defect, and in a general way the nature thereof, being given.

In conclusion, a word as to the choice of a mydriatic and the method of its employment. Any mydriatic will deprive the patient of the use of the eye for all *close work* (reading, sewing, writing, etc.,) for the period during which it holds control over the ciliary muscle, the length of this period varying chiefly with the drug chosen.

Bearing this in mind, always inform the patients that they will be unable to sew, read, etc., for several days. If you intend to examine both eyes under mydriasis, the plan most conducive to your patient's comfort will be to paralyze the accommodation of one eye and examine it; then wait until the effect of the drug has passed away before using it in the other eye. By so doing, you will give the patient one eye to work with, and will save yourself from the charge of having practically put your patient out of the world for the period of mydriasis.

Now, as to the choice of a mydriatic. The following are the ones to be considered:—

Sulphate of atropia (gr.ij to f.℥j of water) possesses the advantages of being relatively cheap and easily obtained pure, even at a distance from any medical centre, while its disadvantage is that it prevents the use of the eyes in close work for nearly ten days.

*Sulphate of duboisia** (gr.j, or ij to f.℥j) is high-priced (about eighty cents per grain) and difficult to obtain, except in a city, while its advantage is that its use interferes with close vision for about six days only.

Hydrobromate of homatropin† (gr.j to f.℥j) is expensive and difficult to obtain pure, even at its high price, except from leading druggists in the larger cities. Its great advantage is that the paralysis of the accommodation following its use lasts less than twenty-four hours.

1428 Pine Street.

URETHRAL TROUBLES DUE TO CAUSES IN THE RECTUM.

BY C. A. BRYCE, M.D.,

Of Richmond, Va.

So often have I seen obstinate sympathetic disorders of the genito-urinary apparatus in the male produced by diseases of the rectum, that I have now become accustomed to examine into the state of the lower bowel whenever I am consulted by young men who complain of what they consider the remains of a gonorrhœa, or an incipient stricture, or for general irritability of the pendulous urethra.

It has been my good fortune to cure a number of very perplexing cases of urethral sympathetic troubles, of various kinds, by treating the *rectum* rather than the urethra.

I was consulted on one occasion by a young man who complained of a burning, stinging sensation along the anterior portion of the urethra, which at times became so bad that he would be compelled to micturate very frequently, this always giving him pain; in fact, his symptoms were those of the first stage of gonorrhœa, except that they had lasted for many weeks without any discharge.

A No. 8 bougie detected no stricture of an organic character, and was easily passed after the spasm of the overly-sensitive urethra had subsided. Upon inquiry I learned that he had been troubled with hemorrhoids several years before, and that lately he had been constipated. An ex-

* Of these two alkaloids, the preparations manufactured by E. Merck, of Darmstadt, should be chosen.

† See paper by Dr. Henry S. Schell, in the *Specialist and Intelligencer* for December, 1880.

amination of the rectum revealed the presence of *two fissures*. A cure of the fissures and a relief of the constipation proved the cure also of his urethral troubles, for which I never prescribed except to remove the cause which produced it through sympathy.

Twice, recently, a gentleman, thirty-eight or forty years of age, consulted me in reference to a continued itching sensation, located in the first inch and a-half of the urethra. This he described as being "terribly annoying," so much so that it caused him to have erections, and sometimes nightly seminal emissions. Finding no cause located in the organ itself, I ascertained that he was the subject of habitual constipation. A pill of aloes, dried sulphate of iron, rhubarb, soap and nux vomica, continued until the constipation was relieved, cured my patient of his irritable urethra. I have only to say to my medical friends, that my object, in this paper, is simply to advise them to pay their respects to the rectum in treating diseases of an obscure character in the genito-urinary tract in the male.

PSORIASIS CAPITIS, ECZEMA CAPITIS AND ECZEMA IMPETIGINOSUM.

BY PROF. ISIDOR NEUMANN.

*Clinical Lecture delivered at the Allgemeines Krankenhaus,
Vienna.*

(Reported for the AMERICAN SPECIALIST.)

PSORIASIS CAPITIS.

GENTLEMEN:—In the case before you, you see on the scalp masses of scales, of a light color, in the form of discs and circles, in size varying from that of a silver ten-cent piece to that of a silver dollar, in some places running together, the dividing line entirely disappearing, while in others the skin between is in a perfectly normal state. At the edges of the forehead, and near the neck and ear, the disease is sharply defined, terminating abruptly in an irregular border of semicircles or segments of circles. With what name shall we designate the disease here presented? Is it seborrhœa, eczema, favus, psoriasis syphilitica, or psoriasis vulgaris?

In seborrhœa the scales are rarely in such large quantities; they are almost invariably confluent over the entire scalp, possessing a greasy appear-

ance, being unctuous to the touch. Here, on the contrary, they are hard and dry, and only in places confluent. Moreover, as the patient is a male, and already past middle life, we can with certainty exclude this affection.

A few words will suffice to exclude the possibility of its being eczema. Were it this disease, it would not be so localized, but would extend to the ears, the forehead and the neck. Besides this, we would have crusts instead of scales, while the border in eczema is never so sharply defined as you see it in this case.

We are enabled to throw aside the question of favus by the condition of the hair alone; although the gloss is somewhat dulled, yet the hair is strong and firmly attached in the follicles: facts which speak decidedly against favus.

In psoriasis syphilitica the scales are less in quantity than we see them here, they adhere firmly, and when removed reveal a reddish-brown infiltration. Moreover, had we here this affection we should be able to find the characteristic papule, devoid of scales, and would also have other signs of syphilis. In the case under consideration these conditions are not present.

By exclusion, therefore, gentlemen, we have reached the diagnosis of psoriasis vulgaris, to the correctness of which the form and size of the scales, the sharply defined border, the arrangement in the form of gyri, bear ample evidence. It is very rarely that we see a case of this disease where the scalp alone is affected. Generally other parts of the body are first attacked, especially the extensor surfaces of the elbows and knees. In this instance, however, the scalp is the only part diseased.

The mother-of-pearl lustre of the scales, which is so characteristic of psoriasis vulgaris, is here wanting. This is chiefly due to the uncleanly habits of the patient, but somewhat, also, to the locality of the affection.

The treatment will be, first, the complete removal of the scales. This can best be accomplished by repeated application of the warm douche, combined with energetic rubbing with the spt. saponis alkalinus (Hebra). After the scales are thoroughly removed—which process generally requires from several days to a couple of weeks—the cure can be completed by the application of

an ointment composed of one part of unguentum hydrargyri ammoniatum to three parts of simple cerate. Where the disease is of long standing, the cure can be materially shortened by the use, daily, or every second day, of the douche and soap, and the application of the ointment, to which also a drachm of the oil of cade might be advantageously added.

Fowler's solution, given continuously, will be of considerable use in treating the disease. Although simple and mild cases succumb to well directed treatment in a comparative short time, still, in chronic and well marked cases, treatment will have to be persisted in for some length of time.

ECZEMA CAPITIS.

Our second case is, in certain respects, like the first, inasmuch, as the scalp is the part affected. As you have already perceived, the entire scalp is covered by a dirty, yellowish crust. The upper part of the forehead is also affected, but here the crusts are thinner, the skin slightly red and infiltrated. The back of the neck and the ears are also slightly diseased. The hair, as you notice, is matted together.

In order to make the comparison and difference between these two cases more marked we will reach the diagnosis by the same process of exclusion, as in the former case.

Syphilis can be immediately excluded, by the fact that, in a case so far advanced, ulceration would be marked, and we would have signs of pus. Here, on the contrary, there is not the slightest trace of these.

It cannot be psoriasis; in that disease there are scales: whereas, here are crusts. Moreover, here you do not see the peculiar gyrate forms or the sharp boundary line.

Seborrhœa you can exclude by the same consideration as in the previous case: the patient being a male and past middle life. In favus no such crusts are present; you would never see the hair in a normal condition, in such an advanced case. Moreover, in favus the hair is never matted together. The diagnosis, then, to which we have come, is eczema.

This disease, as a rule, occurs upon the scalp only in two forms: eczema rubrum and eczema impetiginosum.

In eczema capitis there at first appear some small vesicles, an exudation of a gum-like fluid; the smegma from the sebaceous glands is greatly increased; the itching causes scratching, consequently slight bleeding; these all mixing together form such crusts as you see in this case. On the ears and forehead, as you observe in the present case—and it is so in every instance—we still find places where we can see the eczematous fluid, while in other places the skin is reddened and thickened.

In the treatment, the first essential is the removal of the crusts. This can be best accomplished by the application of an oil—olive oil. If the eczema is due to pediculi, petroleum is preferable. The ears and face are to be properly protected; then the scalp is, so to speak, to swim in oil, which must be rubbed in with a stiff brush, fifteen minutes at a time. Then either a flannel cap is to be worn, or else merely a flannel bandage. This procedure should be practiced two or three times during the day. The day following, the crusts will generally come away under an application of warm water and soap. Should they not be entirely removed, then the same process may be gone through with once more, which, however, is rarely necessary. For subsequent treatment, we must observe whether the skin is dry, or moist and infiltrated. If dry, then the application of tar, in the form of ol. cadini or ol. rusci, will give the quickest result. In this, caution is, of course, to be exercised; for the application of tar is sometimes—not often—followed by very severe local and general symptoms. Especial care must be taken, if the patient is a child; as children are much more susceptible to this occasional action of tar. The application can be made with an ordinary hair pencil, once or twice a-day, gradually diluting the oil of tar with alcohol.

If the skin is found moist, the application of warm water and spirits of soap can be employed, followed by the use of a mild ointment, and later the application of one of the tar preparations. It will be necessary to continue treatment for some time.

ECZEMA IMPETIGINOSUM.

The third case I bring before you is not wholly devoid of interest. The patient, a male, 40 years

of age, comes to us with a disease of the skin, which you perceive is confined to part of the face. The eyebrows are almost entirely concealed by brownish crusts, extending to a slight extent upward on the forehead. The sides of the face, particularly the part covered by the beard, are affected in the same manner. But please notice, gentlemen, that here, as already remarked, in the immediate neighborhood of the eyebrows, the disease extends somewhat beyond the part covered by the hair. I call your attention particularly to this point, as it forms the principal element in the diagnosis. The chin and other regions of the face and body are exempt from the disease.

It is not necessary to inquire into the history of the affection in order to arrive at a conclusion; indeed, cases of skin disease that require this are extremely rare: sight and experience are sufficient in almost every instance to form a correct diagnosis.

Doubtless, your first impression of the case was that the disease is sycosis; and then, perhaps, after further consideration, the idea of eczema impetiginosum has suggested itself. It must be one of these two—it cannot be anything else. The fact to which I called your attention is sufficient to decide between them. In sycosis the disease is always confined to the parts covered with hair; if the disease extends beyond these limits it cannot be sycosis. As you plainly see, the affection here is not confined to the region of the hairy part of the face, but the adjacent skin is likewise diseased. Therefore, we can immediately, with positiveness, form the diagnosis of eczema impetiginosum.

Further, you have probably come to the conclusion that the disease in this case is due to some artificial cause. Inquiring the occupation of our patient, we learn that it is one which exposes his face to constant high temperature, which, beyond question, has given rise to his present trouble. It is a strange fact, one you will often meet, that persons who are exposed to the various artificial causes of eczema pass years without experiencing the least deleterious influence. The present case is an example. The patient has followed the same occupation for the last twenty years, without suffering any inconvenience, but suddenly the parts exposed seem to succumb to the constant irritation, and take on a diseased condition. After

mild treatment—removal of the cause, of course, being necessary—the disease disappears; but so sure as the patient resumes his occupation, so certain is it that he will have another attack. The skin appears to lose all power of resistance. As intimated, the treatment is simple: avoidance of the cause, removal of the crusts with oil, as in the preceding case, or with green soap, or ordinary soap and warm water, then the application of any bland ointment.

The interest of this case is in the diagnosis between the two affections named. By giving proper attention to the point of difference already remarked we are able to tell our patient that his disease is a very simple one, and will yield readily to treatment; just the opposite of the prognosis were it sycosis.*

Occasionally you may see a case of eczema of the beard, which does not overstep this region, and consequently this mark of difference would not be present. Such cases are rare, and when they do occur, the disease rarely remains stationary, but the adjacent skin is attacked, and, moreover, the disease is likely to present on other parts of the face.

If the diagnosis, in an instance of this kind, is to be made at sight, then other differential points must be relied upon. In eczema you would have the oozing, and the itching would be marked. In sycosis, each pustule is punctured through the centre with a hair. If the diagnosis is still in doubt, the history of the case could be employed as a factor in deciding.

AFFECTIONS OF THE MIDDLE EAR DURING THE EARLY STAGES OF SYPHILIS. These, it is stated by Sturgis, in a reprint from the *Boston Medical and Surgical Journal*, may appear independently of any other lesion of syphilis, or in connection with and extension from symptoms in the pharynx, such as mucous patches, or the infiltration of mucous membranes. The symptoms are, pain of a dull character, with occasional sharp twinges, and of a marked periodicity. Sometimes the inflammation does not appear until the eruptions on the skin and mucous membranes have passed off. Sturgis cites three cases of this form of ear disease.

* By sycosis, as here referred to, is meant the non-parasitic variety. At the Vienna Clinic the disease, tinea sycosis, is rarely seen.—REP.

The American Specialist.

COMMUNICATIONS for the Editorial Department of this Journal, Books for Review, etc., should be addressed to the Editor, care of the Publisher.

ORIGINAL ARTICLES AND TRANSLATIONS published in the American Specialist will be paid for.

ADVERTISEMENTS, remittances of subscriptions, etc., should be addressed to the Publisher.

PRESLEY BLAKISTON,
1012 Walnut Street, Philadelphia.

PHILADELPHIA, FEBRUARY 1, 1881.

EDITORIAL OPPORTUNITIES.

In examining and reflecting upon the contents of our exchanges for the past six months, we have been brought to the conviction that it is a mistake to suppose the editorial lot is one of unmitigated drudgery. There are some subjects of such an attractive nature that the managers of medical periodicals seem to turn them over and over, as a sweet morsel, under their tongues, and to get no little pleasure out of the process. We have observed that, in the midst of his most arduous labors, there is never lacking opportunity—if it seem to promise enjoyment—for the editor to publish an artfully-worded but damaging assertion, or a well-expressed inuendo, over which he may secretly laugh, as he thinks how his victim will start when it hits him; how he will wish, perhaps, that he were an editor himself, or, it may be, write an indignant letter of reply, which shall serve but as an additional advertisement to the journal that attacked him, accomplishing no revenge, since the editor we refer to knows full well how to explain away what he wrote, and assume an innocent air of wonder that it should be thought offensive. Nay, more; the editor may, from his easy-chair, shoot out a series of small sneers, which shall stick like the little darts used in the sport called bull-fighting, and annoy extremely a nobler beast, that, however able under ordinary circumstances to resist

an attack, will be irritated and exasperated beyond measure, when, as he charges full at his tormentor, he sees him spring nimbly to one side, or leap a parapet to a place of safety, while he himself staggers back with the recoil from his fruitless impact against an impersonal and irresponsible barrier.

Or, the editor who loves sport, as the Frenchmen of the story was said to do, for sport's sake, may direct his shot at a whole class or community, when the gratification is probably greater, even if not finer; since, when firing into a flock, the most ordinary marksman stands a fair chance of bringing down a good deal of game.

But, we have asked ourselves, is it right? Is the editor not amenable to the ordinary laws of gentility, not to say of humanity? Has he special license, whenever he sees a head, to hit at it? Do the tempting defencelessness of the head, and the rare handiness of the shillelah, constitute a sufficient and reasonable occasion for the unexpected assault? Can the editor, with more propriety than other men who care for their reputations as gentlemen, say, persistently and without material provocation, things that are disagreeable or insulting to others? Or, should he spread broadcast assertions, which, though in their letter true, are in their spirit absolutely false and unfair?

We think not; and, however we may admire the fertility of resource in this matter displayed by some of our editorial brethren, we cannot but observe that, so far as we know them, the really polite part of the community do not usually indulge in amusements that owe their chief attraction to the annoyance they cause others.

It is always right, even if people's feelings are hurt, to reprove wrong-doing, to combat error, to expose hypocrisy; but it is never right to say disagreeable things about individuals or classes, simply in order to gratify a personal spite, or in order to be smart, or where there is not some actual good to be gained by so doing. And we

believe it is especially reprehensible when such things emanate from writers who may—unless very nice distinctions are made—be taken to represent a section, when they originate or repeat, with direct or equivocal endorsement, statements damaging to, or reflecting upon, another section. It is of the utmost importance, certainly, in the medical profession, that peace and good feeling should exist between its members. The best men in it, acting individually, desire this, and do their utmost to secure it; and editors, who have exceptional opportunities to help or to hinder its attainment, should exercise exceptional care that their influence shall be well used, and not in contravention of the wishes and endeavors of men whom they may—even if sometimes unwarrantably—be assumed to represent.

If, then, our editorial brethren do us the honor to read this, there may be some of them who will feel that they have not been careful enough in this regard; they may even fancy that their own utterances have occasioned these remarks. Well, we name no names; but we do invite all to take our suggestions for what they are worth, and to believe that they are prompted by a sincere desire to promote kindly relations between the members of a profession engaged in too serious a work to make it advisable for them to fall out with each other, or to direct their wit or their strength against anything that is not absolutely hurtful to the cause in whose defence they are enlisted.

BOOK REVIEWS.

NERVOUS EXHAUSTION (NEURASTHENIA). By George M. Beard, A.M., M.D., Fellow of the New York Academy of Medicine, etc. New York: Wm. Wood & Co., 1880. 8vo, pp. 198. Price \$1.75.

The irrepressible tendency of this author to exaggerate the importance of his actual discoveries and to label perfectly familiar facts with his private trade mark, is calculated to excite an attitude of mental hostility which renders it hard for a critic to do him exact justice. This may be borne in mind in estimating the value of our judgment, which is that this

book on Nervous Exhaustion contains a very little sense hidden in a great deal of nonsense. The homœopaths (*Medico-Chirurgical Quarterly*, Oct., 1880), after counting up the hundred and thirty-seven symptoms he gives for this one disease, congratulate themselves that "the similarity to homœopathic literature is not lessened when we come to his chapters on treatment," and add "if the literature of the dominant school continues to advance from this starting point, its members will soon become homœopaths in everything but in name." In which opinion we entirely concur.

A SYSTEM OF HUMAN ANATOMY. By Erasmus Wilson, F.R.S. Tenth Revised and Enlarged Edition. Edited by George Buchanan, A.M., M.D., etc., and Henry Edward Clark, M.R.C.S., etc. Philadelphia: Presley Blakiston, 1880. 8vo, pp. 800. Price \$6.00.

The old "*vade-mecum*" appears so much increased above its original size that there can be no doubt it has fared well, and on this, its tenth appearance, it seems to promise to live long to prove the advantage of keeping abreast of the times. Everywhere it bears the marks of familiarity, on the part of its writers, with the advances that are being made in the study of anatomy, and particularly of minute and related anatomy. It has been much improved by the insertion of colored plates of the bones, which show strikingly the attachments of muscles, and of six beautiful plates of the arteries and veins, copied from MacLise's large atlas. Its typography is excellent, and its shape is very convenient.

A MANUAL OF OPHTHALMOSCOPY. For the use of Students. By Dr. Daguene. Translated by C. S. Jeaffreson, F.R.C.S.E., etc. Philadelphia: Presley Blakiston, 1880. 16mo, pp. 240. Price \$1.50.

This book is practically the teaching of Galezowski, as taken down in the notes of Dr. Daguene and done into English by Mr. Jeaffreson. These teachings are clear and concise, and well adapted to the wants of beginners in the study of the use of the ophthalmoscope. The subject is treated in a very practical way, the refinements which properly belong in comprehensive works being avoided, and those more rudimentary details which are needed at first being thoroughly given.

FOOD FOR THE INVALID. By J. Milner Fothergill, M.D., etc., and Horatio C. Wood, M.D., etc. New York: Macmillan & Co., 1880. 8vo, pp. 157. Price \$1.00.

Dr. Fothergill's name is getting pretty familiar on this side of the Atlantic; but his figure is not yet sufficiently so to all our countrymen to prepare their minds for a dissertation upon gastronomics. They may be assured, however, that, as Dr. Fothergill may be supposed to practice what he preaches, a cookbook from him comes with great weight. A glance

through his book tends to make one wish he belonged to the class for whom it was compiled. But we ask ourselves if it is well to describe such dainties for the gouty and dyspeptic, without cautioning them to be very, very temperate. The book is a good and useful one, however, and may prove a great help to all doctors whose patients ask them what they may eat.

PARACENTESIS OF THE PERICARDIUM. By John B. Roberts, A.M., M.D., etc. Philadelphia: J. B. Lipincott & Co., 1880. 8vo, pp. 100. Price \$1.25.

This is the best work and the only monograph upon this subject in the English language. From experience and collected cases the author has been led to opinions as to the feasibility and advisability of this operation for the relief of dropsy of the pericardium which ought to be familiar—now that to know them and the reasons for them have been made so easy—to every surgeon who wishes to speak or act with the best light the times afford.

DWELLING HOUSES. By W. H. Corfield, M.A., M.D., etc. Philadelphia: Presley Blakiston, 1880. 8vo, pp. 112. Price \$1.25.

The conditions for building and occupying houses are somewhat different in America from what they are in England; but the growth of our cities has brought many of them, and especially those where the atmosphere is loaded with fog and smoke, to a state to which advice originally intended for London and Birmingham is very appropriate. Aside from this, the book before us contains many hints in regard to construction and regulation which cannot fail to be of value to American hygienists, whether for their own use or for the guidance of others. This is a branch of our science altogether too much slighted, and it is a pleasure to welcome a book that is calculated to help along the good time which, happily, seems now to be on the way.

NASAL CATARRH. By Beverly Robinson, A.M., M.D. (Paris), etc. New York: William Wood & Co., 1880. Large 8vo, pp. 182. Price \$1.75.

The author presents in good readable style his opinion as to the diagnosis and treatment of this stubborn and disheartening disease. Aside from the more distinctly professional suggestions, he gives excellent common-sense advice in regard to matters not usually dwelt upon in treatises on diseases of the nasal cavity. The large number of instruments represented in the cuts might appall the general practitioner; but fortunately he need not possess a tithe of them in order to avail himself of the most important teachings of the book.

PHILOLOGY. By John Peile, M.A. New York: D. Appleton & Co., 1880. 12mo, pp. 164. Illustrated.

A little book which seems to be thorough, though the style appears to us not very inviting. Perhaps if

we were more competent to judge of its merits we should be more enthusiastic in its praise.

CUTANEOUS AND VENEREAL MEMORANDA. By Henry G. Piffard, A.M., M.D., etc., and George Henry Fox, A.M., M.D., etc. Second edition. New York: William Wood & Co., 1880. 32mo, pp. 309.

OPHTHALMIC AND OTIC MEMORANDA. By D. B. St. John Roosa, M.D., etc., and Edward T. Ely, M.D., etc. Revised edition. New York: William Wood & Co., 1880. 32mo, pp. 298. Each, \$1.00.

For lack of space we must speak of both these little books together; which is the easier to do, since we can speak in high terms of both. They are especially suited to the needs of busy men who have not time to read much, but who may snatch an opportunity, when driving about, to get, in a brief moment, hints from authors whose names guarantee the value of their utterances upon these subjects.

THE AMERICAN ARMAMENTARIUM CHIRURGICUM. New York: George Tiemann & Co., 1880. 8vo, pp. 589. Price \$1.00.

This is really an illustrated catalogue of surgical instruments and apparatus obtainable from this well-known firm. But it is so complete and so profusely illustrated that it may be looked upon as a text book upon the mechanical appliances for surgery. It will afford those who consult its pages a practical familiarity with a variety of instruments they may often find alluded to, and would never become acquainted with in any other way. It is abundantly worth the money it costs—which is only the cost of the binding, after all.

POCKET THERAPEUTICS AND DOSE BOOK. By Morse Stewart, Jr., B.A., M.B. Second edition. Detroit: Geo. D. Stewart, 1878. pp. 263.

Having never used, or known any one who has used, one of these pocket encyclopædias, we cannot properly estimate their value; but we can see that it might be a great help in quandaries, if one could have about a dozen, on different subjects, always in his vest pocket.

REVIEWS OF PERIODICALS.

The Popular Science Monthly, for January, contains a very full list of papers, leading off with one by Herbert Spencer—the third of the series—on the Development of Political Institutions. Medical men will be especially interested in the account of the methods employed in examining thermometers at the Yale observatory, as given by Dr. Leonard Waldo. The whole of the number is replete with interest and instruction, and well calculated to recommend the magazine to the attention and support of thinking people.

The American Journal of Otolaryngology, published by William Wood & Co., is the only purely American enterprise in this field of literature, and is a worthy representative of American medical intelligence. The papers it contains are of a high order of scientific excellence, it being, in fact, the only journal in the English language, so far as we know, which gives a place to physiological acoustics, and unites this important branch of scientific study with practical otology.

The American (726 Chestnut St., Philadelphia) has now reached its thirteenth number, and shows pretty well what it is likely to be. Following the general plan of the *Nation*, but differing from it in many matters of opinion, it presents weekly a summary of the most important National and foreign news, with running comments. This is, perhaps, the most valuable part of the paper, though it contains other good and original matter. The tone of the comments is high and fair—at least so we think it will appear to those who believe in a protective tariff, purity of civil service and Republicanism. There is room, and we think need, for a competitor to the *Nation*, and we hope this one will be able to hold its ground.

LITERARY NOTES.

—The career of John Hunter was not begun in a way that gave promise of the greatness to which he was to attain. As a boy he was wayward and impatient of restraint, fond of amusement, and prone to idleness and disobedience, though there is no evidence that he was given to intemperance or dissipation. After some unprofitable ventures he was taken in hand by his brother, Dr. William Hunter, who was practicing and teaching anatomy in London, and started on the course in which he afterwards displayed so much industry and ability. His personal manners were not admirable, and his professional work he regarded solely as a means of getting a living, while his love for natural history and scientific study of physiology knew no bounds. It is curious to learn that to him is due the credit of first putting dentistry on a scientific basis. His work in the field of venereal diseases is well known and, notwithstanding the advances made since his time, must always be regarded as a great gain to medical science.

In spite of his profound knowledge of anatomy, Hunter never ranked high as an operator. "He was a lover of principles and a hater of knives." His application of the ligature on the cardiac side, for the cure of aneurism, was the first scientific operation of this sort for the cure of non-traumatic aneurism.

Beginning life unfavorably, he, by hard work and

steady purpose, acquired wealth and reputation long before his death, and has left a name that ranks with the greatest names that the world delights to know.

Professor Gross has recently delivered an address before the Philadelphia Academy of Surgery, upon the life, labors and disciples of Hunter, which will be published in book form, by Presley Blakiston, about the first of February. From advance sheets of this book we have gathered the facts mentioned above. The book will contain a frontispiece portrait of Hunter, which Prof. Gross says "is as good as it can be."

—D. G. Brinton announces, to be ready March 1st, "The Principles and Methods of Therapeutics," by Alphonse Gubler, M.D., Professor of Therapeutics in the Faculty of Medicine of Paris, etc. Translated from the French. One vol., 8vo. Gubler was one of the most distinguished exponents of scientific therapeutics of this generation. A pupil of Trousseau, and following him in the professorial chair, he developed the method of therapeutics which reconciles the empirical and clinical art of medicine with the demands of exact and logical science.

BOOKS RECEIVED.

—"A Manual of Ophthalmoscopy." By Dr. Daguene. Translated by C. S. Jeaffreson, F.R.C.S.E., etc. Philadelphia, Presley Blakiston, 1880.

—"Food for the Invalid." By J. Milner Fothergill, M.D., etc., and Horatio C. Wood, M.D., etc. New York, Macmillan & Co., 1880.

—"Cold Pack and Massage in the Treatment of Anæmia." By Mary Putnam Jacobi, M.D., and Victoria A. White, M.D. New York, G. P. Putnam's Sons, 1880.

—"Drainage for Health." By Joseph Wilson, M.D. Philadelphia, Presley Blakiston, 1880.

—"Pocket Therapeutics and Dose Book." By Morse Stewart, B.A., M.D. Detroit, Geo. D. Stewart, 1878.

—"Ringworm." By Alder Smith, M.B., Lond., F.R.C.S. Philadelphia, Presley Blakiston, 1881.

—"Differential Diagnosis." By F. De Havilland Hall, M.D. Second American edition. Edited by Frank Woodbury, M.D. Philadelphia, D. G. Brinton, 1881.

—"Practical Histology and Pathology." By Heneage Gibbes, M.B. Philadelphia, Presley Blakiston, 1881.

UNRELIABLE ADVERTISING.

There is a stirring-up among the religious newspapers in regard to the matter of medical (that is quack) advertisements. Some of them are coming out squarely against printing the falsehoods, which, under one protest or another, have been so familiar; others are getting ready to. It is a move in the right direction, and should everywhere be commended.

Selections and Abstracts.

EXTIRPATION OF THE LARYNX, PHARYNX, BASE OF THE TONGUE, TONSILS, AND VAULT OF THE PALATE.—Dr. Cav. Azzio Caselli, at a meeting of the Medico-Chirurgical Society, of Bologna, December 7, 1879, presented the following case: The patient was a girl of nineteen years, anæmic, delicate, who had not yet menstruated, suffering from an epithelioma of the larynx, pharynx, vault of the palate, and base of the tongue. She was obliged to close the nares with the fingers in eating and drinking; she breathed with difficulty, and was subject to fits of suffocation, which were so severe as to be dangerous. There was general wasting, from insufficient nourishment.

The operation was begun by doing tracheotomy with a galvano-cautery knife. An incision was made in the median line from the opening into the trachea up to the lower border of the body of the lower jaw, and carried to a sufficient depth to expose the thyroid cartilage. The thyroid gland was removed, and all the anterior surface of the thyroid and cricoid cartilages uncovered. The larynx was surrounded with the fingers, and all its connections with the hyoid bone were divided with the galvano-cautery wire. The thyroid cartilage was isolated from the surrounding tissues, detached from the cricoid cartilage, and severed from the trachea at the first inter-annular space. Before making the section, two ligatures were attached to the trachea, to prevent its retracting too far into the root of the neck. The position of the carotids was made out from time to time with the fingers, in order to keep them out of the way of the knife. The pharynx was isolated and divided at its point of junction with the œsophagus, a ligature being passed through this also to prevent its retraction. At this point the patient ceased to breathe, and artificial respiration was begun. *It was suggested that the stoppage of respiration was only preparatory to efforts at vomiting produced by reflex irritation from the divided œsophagus; and this proved to be the case.* After the vomiting had ceased, a portion of the base of the tongue and of the epiglottis was removed with the galvano-cautery. Next the mouth was kept open by means of an American instrument, and through it all the soft palate, the upper portion of the pharynx as far as the level of the posterior nares, the constrictors of the fauces, the tonsils, and the last adhesions of the pharynx were incised; after which all the neoplasm was extracted through the wound in the neck. The operation occupied three hours and ten minutes. Less than two ounces of blood were lost. The patient was fed with wine, through an œsophageal tube, and being asked if she had suffered, answered by a

negative shake of the head. She put out her tongue when desired to do so—a thing which was scarce hoped for, in spite of the care taken to preserve the motion of the organ. The tracheotomy canula was left in place. The wound was dressed antiseptically. Food was injected regularly through the tube. The œsophagus, held up in its place by strings passed over the ears, united well, as did the trachea also. The dressing was renewed daily. On the fifteenth day the patient left her bed. At the end of a month she was able to swallow solids and liquids without any return through the nose. By means of an apparatus constructed by M. Caffari, the patient, when presented, conversed intelligibly and continuously.—*Modified from the New York Medical Journal, November, 1880.*

SKIN DISEASES BENEFITED BY PILOCARPINE.—The London *Medical Record*, Oct. 15, 1880, quotes Pick's experience of the effect of using one-sixth of a grain of pilocarpine twice daily, after eating, in all skin affections where the perspiratory secretion is affected, such as prurigo, psoriasis, eczema, pruritus, urticaria, alopecia, acne, hyperidrosis, pemphigus and lichen exudativus. Perspiration followed, generally, four or five minutes after administration of the remedy. After several weeks' use the dose had to be increased. Following this plan, the skin became softer and more pliable, scaliness diminished, and the hair was less brittle. The use of the remedy for months in no way disturbed the general health. In thirty-two cases of prurigo the tormenting itchiness disappeared and the relapses were somewhat delayed; in twenty-five cases of psoriasis no effect was seen; in two cases of pruritus senilis and one of urticaria a cure was accomplished; in eczema the result was not decided; in ten cases of alopecia pityrodes good results followed; while in four cases of alopecia areata no decisive result was obtained.

BALDNESS FROM FRIGHT.—A year ago the *Gazette des Hôpitaux* reported a case of a healthy Italian blonde, aged seventeen, with profuse hair, who was sewing at her window, when suddenly the floor fell in, leaving her only time to catch hold of the window frame, where she hung till taken down by means of a ladder. She was terribly frightened, and at night she had headache, chills and bad dreams. The next day she was very nervous and had severe itching of the scalp. The following day only the itching of the scalp remained, but whole tufts of her hair came out at the roots when she used her comb. In three days she had not a hair on her scalp. In five days her eyebrows, eyelids, axillæ and genitals had lost

their hair. A month later a lens was used in the search, but not a hair could be found on her. Two years later the baldness persisted.

DETECTION OF THE LOCATION OF STEEL AND IRON BODIES IN THE EYE.—Dr. Thomas R. Pooley, of New York, reports, in the *Archives of Ophthalmology*, September, 1880, a series of experiments of great interest, which demonstrate that small fragments of steel or iron that have embedded themselves in the eye, and are undiscoverable by other means, may be magnetized by holding a bar or horse-shoe magnet close to the sclerotic, after which they will attract to themselves a minute and delicately suspended magnet, in a way which will indicate their location. In the experiments a fine, magnetized needle, suspended by a thread, had its point attracted to a spot over the bodies searched for, the accuracy of the indication being shown when incisions were made. The depth at which the foreign body lay was approximately inferred from the intensity of the action of the suspended needle. An incidental result of the experiments was the evidence that foreign bodies in the eye very soon become enveloped in a dense exudation, which renders their removal with a magnet very difficult.

ACUTE AFFECTIONS OF THE MASTOID.—Hotz thinks that the examination of the periosteum plays an important rôle in the proper management of acute affections of the mastoid. He reasons that when, in the course of an acute purulent *otitis media*, the mastoid region becomes implicated, as shown by pain, redness, swelling, and tenderness to the touch, and these symptoms are not speedily relieved by leeches and poultices, an exploratory incision should be made down to the bone. If marked symptoms of acute periostitis are found, our surgical interference should end with the incision; but if the periosteum is found of firm texture, of normal thickness, and strongly adherent to the bone, the incision should immediately be followed by perforation of the bone.—*New York Medical Journal*, October, 1880.

TREATMENT OF BURNS.—Dr. Nitsche, in the *Wiener Med. Presse*, October 3, 1880, reports marked success of the following treatment: Without puncturing the blisters, the wound is washed and disinfected with a two per cent. solution of carbolic acid, and then painted with a thick varnish, made of linseed oil and litharge, in which five per cent. of salicylic acid has been dissolved by heat. After one layer has dried, another is painted on, and after this is dry a layer of cotton wadding is applied. Usually no

suppuration occurred, but after a time the whole dressing came away like dry skin. If suppuration showed itself by fever or pain, the spot was exposed. If its area was less than five centimeters in diameter, dry salicylic acid was dusted on. If the spot was larger, a trap was cut in the dressing, salicylic acid strewed on, and the batting replaced. The cicatrices after this treatment were smooth and white—not hypertrophic.

REMOVAL OF PLASTER-OF-PARIS DRESSINGS.—Dr. Wackerhagen gives, in the *New York Medical Journal*, November, 1880, a description of a method for the removal of plaster-of-Paris dressings. He employs a strip of soft rubber, three quarters of an inch wide and one quarter of an inch thick, with a groove nearly one quarter of an inch deep, for the purpose of guiding the shears while cutting the plaster. To the plain surface of the grooved rubber guide the non-adhesive side of a strip of adhesive plaster is fastened, by means of mucilage, to prevent the guide from becoming displaced while bandaging the limb. The fracture having been reduced, and retained in position by assistants, the adhesive surface of the rubber guide is placed along the median line of the limb, which is then covered by a dry, thin bandage, to prevent the plaster from filling the groove; over this the usual plaster-of-Paris bandage is applied. This dressing may be removed without discomfort to the patient, by cutting along the groove with curved shears made for that purpose.

TRACHEOTOMY BY THERMO-CAUTERY.—Dr. J. Boeckel, of Strassburg, reports, in the *Archives of Laryngology*, Sept. 30, 1880, twenty-one cases where he used this method, with twelve recoveries. The causes of obstruction were croup and diphtheria. Hemorrhage occurred in only two cases, and in only one was grave. In most of the cases the trachea was divided with a bistoury. In almost all the thyroid body was divided bloodlessly, with the instrument in incandescence. In no case was there secondary hemorrhage. In two cases the trachea was divided with the thermo-cautery, without inconvenience at the time or afterward. His conclusion is that he will always have recourse to the thermo-cautery when circumstances permit it, having arrived at the conviction that it insures absolute hæmostasis, when handled with prudence.

ULCERATION OF THE CORNEA.—Dr. Ramsdell writes to the *Medical Herald*, November, 1880, an interesting account of a case of ulceration of the cornea, attended with intolerance of light, circum-orbital pain, frontal headache, and a low grade of

remittent fever. The patient was much reduced in strength, and was rapidly approaching nervous exhaustion. Decided doses of sulphate of quinine were administered, and the following local application made to the eyes:—

R.	Atropiæ sulph.,		gr. ss.	
	Aquæ rosæ,	F.	ʒ iij	
	Quiniæ sulph.,		gr. ij	
	Acidi sulphurici dil.,		q. s.	M.

Fl. sol.

SIG.—Drop into the eye every three hours.

The patient experienced almost immediate relief from the use of this collyrium. She was given five grains of cinchonia alkaloid, with half a grain of sulphate of morphia, to induce sleep, the first night, and never required it afterwards. The collyrium was continued regularly for two weeks, and the patient's recovery was complete.

Dr. Ramsdell considers that in the collyrium the quinine performed the chief work of the cure. The sulphate of quinine has often been used topically in the treatment of chronic trachoma.

A NEW ELECTRIC LARYNGOSCOPE.—In the *Rocky Mountain Medical Review*, and in the *Archives of Laryngology*, appears a paper by Dr. A. Wellington Adams, of Colorado Springs, in which is described and figured a very ingenious form of laryngoscopic mirror, which bears upon its shaft, and in the line of the mirror, a modification of a Geissler tube, in which electric light is generated. It is claimed for this device—and it seems a reasonable claim—that it will furnish a far better means of examining the trachea, throat, or posterior nares than any which depends upon a source of illumination distinct from the laryngoscopic instrument.

BORACIC ACID.—This is being much used now as an antiseptic and anti-blennorrhagic. In profuse purulent conjunctivitis, the instillation of a saturated solution will often give brilliant results. It has also been employed in gonorrhœa as well as in otitis. The solubility of boracic acid is as follows: In cold water nineteen grains to the ounce; in hot water eighty grains (only twenty-three grains remain in solution upon cooling); in hot glycerine three drachms can be dissolved, the whole remaining in solution upon cooling. For use in blennorrhœa of the conjunctiva the solution in water is strong enough.

TRACHEOTOMY.—In the *St. Louis Medical and Surgical Journal*, August 20, 1880, Dr. G. W. Norman reports a case of tracheotomy for the removal of a

cockle-burr from the windpipe. The foreign body was not expelled as soon as the operation was complete, nor until the sixth day. The history of the case looks as if the burr had been at first, or soon after the operation, impacted *above* the artificial opening, and that a search for it there might have saved the patient some trouble and the operator some embarrassment.

JABORANDI IN MUMPS.—Dr. Testa states, in *// Morgagni*, that he has employed this remedy in the form of infusion in five cases, and draws from his practice the following conclusions:—

1st. Jaborandi is an efficient remedy in mumps. 2d. The efficacy is explained by its hydragogue, and especially its sialagogue properties. 3d. Administered early it will prevent the development of the affection. 4th. It may prevent the metastases which are not infrequent.—*Med. and Surg. Reporter*.

EUONYMIN AND IRIDIN.—Dr. Rutherford, in a report to the British Medical Association, on the chologogue action of drugs, published in the *Practitioner*, November, 1879, recommends these drugs in two and four grain doses, as increasing the biliary secretion. His experiments covered a number of other substances; but he gives the preference to these. They do not act as cathartics, and should be given at night and followed by an aperient in the morning.

ACCIDENT IN INFLATION OF THE TYMPANUM.—Voltolini reports, in the *Monatsschrift für Ohrenheilkunde*, May, 1880, a case where, after dilating the Eustachian tube with olive-headed bougies, the use of the inflating bag was followed by extravasation of air into the submucous tissue of the throat. On another occasion, after using a bougie, inflation caused emphysema in the uvula, which was filled with air like a white bladder. The record is that the bougies were passed with difficulty.

SERPIGINOUS SYPHILITIC ULCERS.—Charlouis recommends painting with tincture of iodine, applying mercurial ointment and giving iodide of potassium internally. He has used this, with speedy healing, in three cases that had stubbornly resisted other treatment.

BURNS AND SCALDS.—To apply oil of peppermint (sometimes diluted with an equal part of glycerine) with a camel's hair pencil, is said to give prompt relief from pain and to lead to rapid cure without scars.

Miscellany.

—It is said that thymol has the property of immediately removing the smell of tobacco.

—Samuel Vail, of Plainfield, N.J., has been missing from his home since last Thursday. Several years ago, while he was walking on the New Jersey railroad track, he was struck by a train, and in some way got under the cow-catcher and over the axle of the forward wheels. In that position he was carried ten miles before he was discovered. Since that time he has shown symptoms of an unsettled mind.—*Exchange*. Is it possible?

—It has been recently stated that a woman near Maregnac, France, being several months pregnant, was seized with colicky pains. Attributing these to ordinary causes, she went to her vineyard, and was profoundly astonished to discover presently that she had been confined. Dr. Watering was called to her, and found that she had given birth to eight perfectly formed children. They were enclosed in a sac, and had apparently perished from mutual pressure during their growth. The mother did well.

—Mr. Rawlinson, the eminent British engineer, declared in a public speech recently that the drainage of the great Government offices, and notably that of the "official residences" in Downing street, was shameful. Somerset House he declared to be so "indescribably foul" that he would resign rather than live there; the War Office "fouler than any common beggar's lodging house," and fashionable Belgrave the worst part of London, so far as sewage is concerned. Such revelations have caused great perturbation in the phlegmatic British official mind.

—Whoever else undervalues the religious press, it is not the patent medicine man. He appreciates its influence and wants a front seat in its constituency. Among the fresh methods of calling attention to himself and his wares, one of this clan in northern New York has bought a telescope and set a professor at searching the heavens for more mercury, or something of the sort. He sends bulletins of the professor's doings to the religious papers, with a request that they will publish the information forwarded—which includes a mention of the particular medicine, thus terminating in moonshine, or a kindly reference to "the popular and wealthy medicine man" who thus patronizes celestial science.—*Sunday School Times*.

—The *Lancet* says that Mr. Anderson, L.R.C.P., stationed in Formosa as agent of the English Presbyterian Church, in connection with the Edinburgh Medical Missionary Society, writes: "The Chinese make, on the whole, very good patients. Occasionally some of them try our patience not a little. One gets a four days' supply of medicine away with him, the recipe bearing on it, 'A teaspoonful three times daily after each meal.' He comes back next morning for more, thinking to flatter you by stating that he drank the former quantity at one dose. Another has his arm carefully put up in splints, and on his next visit he brings his dressings in a separate parcel. They are great believers in internal administration, and, although he have only a cut finger, it is difficult for a Chinaman to see why he should not get some medicine to 'eat.'"

BENEFITS OF TOBACCO.—Habitual users of tobacco

will draw some comfort from observations made by the author of a paper read before the Odontological Society of London. This writer, Mr. Hepburn, says that the direct action of nicotine on the teeth is decidedly beneficial. The alkalinity of the smoke must necessarily neutralize any acid secretion which may be present in the oral cavity, and the antiseptic property of the nicotine tends to arrest putrefactive changes in carious cavities. The author is inclined to believe that the dark deposit on the teeth of some habitual smokers is largely composed of the carbon of tobacco smoke. This deposit takes place exactly in those portions where caries is most likely to arise, and on the surface of the teeth which escape the cleansing action of the brush. That tobacco is capable of allaying to some extent the pain of toothache is, he thinks, true—the effect being due not only to its nicotizing power, but also to its direct action on the exposed nerve; and he is inclined to attribute the fact of the comparatively rare occurrence of toothache among sailors, in a great measure, to their habit of chewing.

INTELLIGENT PATIENTS.—What can be expected of ordinary people, when the following picture is actually presented in the family of a Doctor of Divinity? The D.D. has a son-in-law who is a "liberal" homœopath; "not bigoted at all;" his family have long been under the care of a homœopath; a regular, called to attend his son in a grave disease, finds on the bureau a large bottle of a quack medicine for "female weakness," and, after many inquiries, that any one might make, is asked if relief of pain in the back could not be obtained by having it rubbed by a "natural electrician."

HOW TO CURE A COLD.—One of our readers, who has been troubled with a severe cold on the lungs, effected his recovery in the following simple manner. He boiled a little wormwood and horehound together, and drank freely of the tea before going to bed. The next day he took five pills, put one kind of plaster on his breast, another under his arms, and still another on his back. Under advice from an experienced old lady, he took all these off with an oyster knife in the afternoon, and slapped on a mustard poultice instead. Then he put some hot bricks to his feet and went to bed. Next morning, another old lady came in with a bottle of goose-oil, and gave him a dose of it on a quill, and an aunt arrived about the same time from Eccleshall, with a bundle of sweet fern, which she made into tea, and gave him every half-hour until noon, when he took a big dose of salts. After dinner, his wife, who had seen a fine old lady of great experience on doctoring, in High street, gave him two pills of her own make, about the size of a walnut and of similar shape, and two tablespoonfuls of home-made balsam, to keep them down. Then he took a half-pint of hot rum, at the suggestion of an old sea-captain visiting in the next house, and steamed his legs with an alcohol bath. At this crisis two of the neighbors arrived, who saw at once that his blood was out of order, and gave him a half-gallon of spearmint tea and a big dose of castor-oil. Before going to bed, he took eight of a new kind of pills, wrapped about his neck a flannel soaked in hot vinegar and salt, and had feathers burnt on a shovel in his room. He is now cured and full of gratitude.—*Students' Journal*.—*Canada Med. and Surg. Journal*.

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Contents.

	PAGE
ORIGINAL COMMUNICATIONS:—	
Malarial Otitis. By F. C. HOTZ, M.D.	33
Foreign Bodies in the Ear. By CHARLES H. BURNETT, M.D.	34
TRANSLATIONS:—	
The Employment of Pilocarpine. By G. FROMMUELLER, M.D.	36
International Ophthalmological and Otological Congresses at Milan.	39
EDITORIAL:—	
After Graduating.	40
Farewell.	41
BOOK REVIEWS:—	
Wood's Library of Standard Medical Authors. 12 Vols.—Physical Diagnosis, Paul Guttman; Therapeutics, Lincoln-Trousseau; Foreign Bodies in Surgical Practice, Alfred Poulet; Surgery of the Female Pelvic Organs, Henry Savage; Diseases of the Pharynx, Larynx and Trachea, Morell Mackenzie; Common Forms of Functional Nervous Diseases, L. Putzel; Venereal Diseases, E. L. Keyes; Ear Diseases, Albert H. Buck; Minor Surgical Gynecology, Paul F. Mundé—41; Drainage for Health. By Joseph Wilson, M.D., 42; Ringworm. By Alder Smith, M.B., F.R.C.S., 42; Cold Pack and Massage in the Treatment of Anæmia. By Mary Putnam Jacobi, M.D., and Victoria A. White, M.D., 42; Differential Diagnosis. By F. de Havilland Hall, M.D., 42; Compendium of Microscopical Technology. By Carl Seiler, M.D., 43; Practical Histology and Pathology. By Heneage Gibbes, M.B., 43; John Hunter and His Pupils. By S. D. Gross, M.D., LL.D., 43; The Diseases of Women. By T. Gaillard Thomas, M.D., 43; Diseases of the Skin. By Louis A. Duhring, M.D., 43; Books and Pamphlets Received.	43
SELECTIONS AND ABSTRACTS.	44-47
MEDICAL NOTES.	47
RECENT PUBLICATIONS.	48

MALARIAL OTITIS.

BY F. C. HOTZ, M.D.,
Of Chicago.

Attending Surgeon, Illinois Charity Eye and Ear Infirmary.

In the *Archives of Otolaryngology* (vol. ix, No. 3), I made some observations in reference to the influence malarial poison occasionally manifests upon the middle ear, in producing an inflammation of an intermittent or remittent character, or in complicating an otitis started by some other cause. I also reported a typical case of *otitis intermittens*,* whose malarial nature was amply demonstrated by the speedy relief obtained by quinine, when all other indications had failed. A few other cases were related, in which the inflammation of the middle ear exhibited certain peculiar features, which I attributed to the operation of malarial poison. These cases, which were all greatly bene-

fited by quinine, showed a remarkable intolerance of any applications in the ear, and a strange disproportion between the objective changes observable in the auditory canal and middle ear, and the degree and extent of the subjective symptoms. The patients showed great nervous prostration and suffered from pain in the ear and head, of such violence as we usually find associated only with severe suppurative inflammation, while the objective symptoms were those of a comparatively mild form of catarrhal otitis.

I had, quite recently, under my care a case which showed some of the peculiarities above mentioned, in a striking manner; especially was the intolerance of the ear for local applications so pronounced that the most gentle injection of a little warm water was painful enough to produce a fainting fit. The otitis in this case superseded an attack of intermittent fever, and it seemed to confirm my opinion, expressed on a former occasion (in the *Archives of Otolaryngology*), that aural inflammations occurring during or after intermittent and remittent fevers might possibly have a direct relation to the malarial disease, and should be treated by the internal administration of small but frequent doses of quinine. And, furthermore, it plainly demonstrated the great value of *frequent* doses of quinine, inasmuch as an early reduction in the number of the doses was followed by a recurrence of the inflammation, which, however, was promptly arrested by giving quinine more frequently.

The history of this case may be briefly given as follows: On December 17th I was requested to visit a married lady, 36 years of age, suffering from violent earache. Several years ago she had intermittent fever, and another attack occurred three weeks previous to my visit. The fever was broken in a few days by quinine, which was discontinued as soon as the fever ceased. One week after the fever the patient was seized with a neuralgia in the left side of her head, the pain extending from behind the left ear to the left parietal bone, which, during the acme of the attacks, was quite sensitive to the touch. The neuralgia began pretty regularly every morning, grew worse toward noon and subsided late in the afternoon; the post-auricular and infra-auricular regions became swollen; and, finally, one week ago, a slight dis-

* First described by Dr. Weber-Liel, of Berlin, in 1871.

charge from the left ear appeared. Since then the neuralgia appeared every second day only, and was of shorter duration. On the day of my visit the patient had a severe attack of pain during the morning; I found the auricle and external meatus in a normal condition; no swelling or tenderness of the mastoid and infra-auricular regions; a small amount of mucous secretion in the meatus; a small perforation in the anterior lower portion of the membrana tympani, which was very red and swollen. Although the lining of the external meatus was altogether intact, the attempt to clean it, by slowly and gently injecting warm water, was so painful that the patient fainted. The watch was not heard at all, and the tick of a clock only when in contact with the ear. The patient felt quite worn out, although she could sleep and rested well at night. Ordered quinine with Dover's powder (one grain each) every hour, and to continue the warm water dressing, which had been applied since the beginning of the earache.

December 19th. Patient felt very well; only slight soreness in the ear; no trace of discharge; meatus free, but still so sensitive to the gentle touch of a cotton-tipped probe that the patient fainted. The swelling and redness of the drumhead had subsided, and the perforation was very small. Heard watch at one inch (hearing distance twenty-four inches). Yesterday evening felt nauseated by the opium and discontinued the powders. Ordered quinine alone (one grain) four times daily.

December 21st. Last night pain returned; drumhead swollen again, and a slight discharge. Increased dose of quinine to two grains every two or three hours.

December 27th. Has been free from pain since last note; meatus dry and not sensitive to touch or water; perforation healed; drumhead pale, but still opaque; watch heard at ten inches.

GONORRHOEA.—Injection of boracic acid (one per cent. solution in water) is strongly recommended by Dr. James G. Hyndman, in the *Cincinnati Lancet and Clinic*, for the treatment of gonorrhœa of either sex. After using this anti-blenorrhagic in five cases, with excellent effect, he thinks that twice a day is often enough to use such injections.

FOREIGN BODIES IN THE EAR.

BY CHARLES H. BURNETT, M.D.,

Aural Surgeon, Presbyterian Hospital, Philadelphia.

Foreign bodies in the ear may originate from within or from without, thus forming two natural classes. Those from within usually consist of ceruminous and epithelial accumulations, while those from without may consist of anything not exceeding 10–12 millimeters in diameter, nor 2.50 centimeters in length; for if longer and thicker than this they cannot be gotten into the ear. In this short paper attention will be called chiefly to the latter class, and since it is so uncommon for foreign bodies in the ear to be anywhere else than in that part of it known as the external ear, or the auditory canal, it is scarcely worth while to consider here the few extraordinary cases in which foreign substances, as, for example, lumbricoids, cereal grains, etc., have been found in the Eustachian tube and the middle ear, and have at last come out at the external meatus. The surgeon is very often, however, called on to extract from the external auditory canal foreign bodies which have got there from without. The most common of these are inanimate bodies, like small glass and china beads, small buttons, shot, pebbles, wads of paper, pins, as well as small beans, peas, and grains of the various cereals; while, less frequently, there get into the ear living animals, like fleas, small roaches, bed-bugs, pediculi, flies, their larvæ, and maggots. The inanimate objects named are usually found in the ears of children, or in the ears of adults, where they have been since the patient's childhood, having been placed there in play or in curiosity, either by the patients or their playmates. The symptoms they excite depend somewhat on their physical properties, but most upon whether any force has been applied either in their insertion or in trying to get them from the ear. This latter attempt is sometimes made very roughly, in unnecessary fright, either by the patients or their friends, and great damage is thus done to the ear.

Among adults, foreign bodies may enter the ear accidentally, as when in scratching the ear with a pin, the hold on the latter is lost, and the pin falls into the ear. This, however, rarely occasions discomfort if no violent effort has been made,

either in introducing it or attempting to get it out. If the inanimate object is large enough to fill the canal, of course the hearing will be dulled; but, unless it presses on the soft tissues, no pain will be excited.

In some cases, reflex phenomena may be excited by the mere presence of an inanimate foreign body in the canal; but these instances are rare, and the phenomena do not supervene immediately upon the entrance of the foreign body. And, even in these cases, it is by no means clear that violence of some kind has not been applied to the foreign body and the ear at the same time, either by the patient or his attendants.

The chief object of this paper is to impress on the mind of the reader that a foreign body in the ear will do less harm than unskillful manipulation to get it out. Doubtless, much damage has been done to the ear, because of a widespread feeling in the profession, and, consequently, an exaggerated one in the laity, that the mere presence of a foreign body in the ear is, *per se*, a danger.

It can be said emphatically that such is not the case. No better proof of this is needed than is afforded by numerous instances in which inanimate bodies have been allowed to remain in the ear more than half a lifetime, and, in some cases, for fifty years, without the slightest injury to the patient.

Animate bodies, like insects, may occasion great discomfort, pain, inflammation, and, in young subjects, convulsions; but, even in these cases, the insect soon dies—or can easily be killed—and the patient can recover without the extraction of the insect from the ear.

While it is, therefore, desirable to remove a foreign body of any kind from the ear as soon as possible, because of the nervous phenomena supervening on the entrance of living objects, and the mechanical deafness which may ensue in any case, it is, nevertheless, far better that it should be let entirely alone than that precipitate and the usually rough treatment should be applied to it.

Diagnosis and Treatment.—An attempt to extract a foreign body from the ear is not justifiable simply because a patient or his friends say such a substance has got into the ear. The surgeon must be sure the foreign body is there before he endeavors to remove it. Fatal mistakes have oc-

curred by a neglect of this precaution. An illustrative case is narrated by Pilcher, of London, in which a nail was said to have been put into the ear of a boy; great and heroic efforts were made to get it out, but without success. After intense suffering, the boy died of meningitis, and a *post-mortem* examination was made in order to see where the nail could possibly be, to have eluded all efforts at extraction. After *careful post-mortem* sections of the ear, the temporal bone, the brain, and, in fact, the entire head, *no nail* was found.

A solid mineral substance, like a pebble, or a glass bead, or a small metallic object, like a pellet of shot, or a round shoe-button, can manifestly never become any larger than when introduced into the meatus. Furthermore, the space where such a body lies cannot be narrowed by its simple presence; but should the least irritation arise from manipulation, the then rapidly swelling skin of the auditory canal is made to press on the foreign body, and becomes more swollen in consequence.

In the case of peas, seeds, and similar vegetable substances, it is sometimes urged by the physician that the secretions of the ear will cause such substances to swell. It should, however, be borne in mind that there are no secretions in the normal ear, but ear-wax, and this will never cause any substance to swell. Beans, seeds, and grains of corn have been known to lie for years in an auditory canal without swelling, though imbedded in cerumen.

But if, when such foreign substances get into the external ear, rough endeavors are made to get them out, causing abrasions and lacerations of the skin of the canal, and bleeding, then the fluids thus brought into the ear-canal moisten the vegetable matter enough to cause it to swell. Or, if long continued and unsuccessful syringing is applied to a vegetable substance, in order to remove it from the ear, the water thus used may cause it to swell, and thus exert pressure on the soft tissues of the auditory canal.

When the surgeon is told that a foreign substance is in the ear, and before he proceeds to verify this by his own ocular examination—and it should not be necessary to say here that to probe an ear blindly, in order to determine the

presence of a foreign substance, is absolutely culpable—he should consider the dimensions of the external auditory canal, and whether the foreign substance said to be in the ear could really get there. As a rule, whatever gets into the ears of children, and even adults, *slips* in, and hence, if properly managed, can be made to slip out; that is, come out easily. Violence is rarely offered to the ear in getting foreign substances into it, because no one can hurt his own ear with composure, and he soon recoils from the efforts of any one else to do it. Hence, as a rule, foreign bodies from without get into the ear easily, and it should, consequently, be borne in mind that they can be gotten out easily if the initial endeavors of extraction are both rational and, *above all, gentle*.

When an insect has crawled into the ear, a few drops of oil or warm water will smother it, and its lifeless body can be very easily syringed out with warm water. If maggots effect a lodgment in the external ear, as they sometimes do, a few drops of ether or chloroform will destroy them, the latter instantly, and end the torment caused by their gnawing.

In the case of anything else, where the surgeon is sure he has seen it in the ear, warm water syringing cannot fail to remove any foreign substance which was small enough to have been easily slipped into the ear.

If the foreign body has been thrust, or violently inserted, in any way, into the external ear, it may, indeed, be wedged in; but these cases are rare, and demand special management. Even in such cases syringing should have a fair trial, and if this fail, it should be remembered that it is better to let the foreign body alone than to endanger the ear by efforts—with instruments, like hooks, curettes, etc.—to extract the foreign substance, which, if inanimate, will, in the vast majority of cases, do no harm within a short time, if, indeed, it ever does any. If instruments are ever to be used, they must be employed only under the most complete illumination of the external auditory canal, with the reflecting forehead-mirror, and by hands thoroughly skilled in their management. For the auditory canal is short and narrow, at its bottom is stretched the membrana tympani, and its walls are covered by exquisitely tender

skin. Unless the greatest skill is exercised in the use of even the slenderest and simplest surgical instrument, in trying to extract a foreign body from the canal, the foreign substance may be pushed against its tender wall, or through the membrana tympani; or, the instrument itself may slip and wound the skin on the wall of the auditory canal, or penetrate the membrana tympani. Such rough treatment of the ear will produce, at least, great pain, and the probabilities are that it will induce severe inflammation in the auditory canal, or the tympanic cavity, or in both; while in some notorious cases, after excruciating agonies, the inflammation has spread to the meninges of the brain. These painful and even fatal results are invariably, but erroneously, attributed to the presence of the foreign body, and to its irritant qualities, and not to the rough manipulation of the ear. The writer, however, knows of no bad results after a foreign body has got into the ear, and he believes that none can be adduced which have not been induced by the improper use of surgical instruments for its extraction.

Translations.

THE EMPLOYMENT OF PILOCARPINE.

BY DR. G. FRONMUELLER,
Of Furth.

When, in the summer of 1876, I made the first therapeutic experiments in Germany, in regard to the subcutaneous use of the muriate of pilocarpine (*Memorabilien*, Vol. XXI, p. 337), I predicted that this would come to be one of the most important of remedies, on account of its powerful, yet innocent, double effectiveness in producing salivation and sweating, and its easy subcutaneous application. This appears now to be well established. Pilocarpine has already effected a triumphant entry into the majority of hospitals and sick rooms. It has happened—as in the case of all effective newly discovered remedies, as formerly in that of iodine, as now in that of salicylic acid and the benzoate of sodium—that it has been employed in almost every grave disease, until gradually the limits of its indication are becoming clear. There is, indeed, no other remedy upon whose energetic and clearly defined effect we can, with proper doses, more safely count.

Pilocarpine, subcutaneously administered, has far outstripped in practice the leaves of *jaborandi*, from which it is obtained. The latter, on account of the uncertain proportion of pilocarpine they contain, are less reliable, more tardy in their operation, often entirely, and often in one of the more important indications, disappointing, and exposed to change by the contents of the stomach. Their only recommendation is that they are cheaper.

I have employed pilocarpine and the leaves of *jaborandi*—the latter since the middle of 1875—constantly up to the present time, and take the liberty of communicating some of my more recent experiences concerning them.

Pure pilocarpine, as well as the valerianate, the salicylate, the sulphate, and the nitrate, I have employed in a limited number of cases. The muriate of pilocarpine—small, white, pentagonal crystals—is the preparation which, since the summer of 1876, I have used constantly in treatment, altogether, probably, three or four hundred times, in a one-fourth per cent. aqueous solution, and in doses varying with the individual and the morbid phenomena. Usually, the diaphoretic and sialagogue operation appeared promptly and powerfully; occasionally more or less collapse appeared—though never with dangerous consequences—and, likewise, nausea and vomiting. Frequently diminution of vision and disturbance of accommodation took place, but these usually recovered quickly. A few times dysuria was produced, as well as diarrhoea and colic. In no case did any accident perilous to life occur.

If a comparison be made between the actions of the various preparations, it is found that there appears to be no particular difference as regards the two principal indications. The specific effect of pilocarpine is so distinct and so potent that it is scarcely affected by the various equivalents of acid. The sulphate alone seems, as is the case with other combinations of alkaloids with sulphuric acid, to develop a somewhat more energetic and irritating action upon the stomach. With pure pilocarpine, unfortunately, only three experiments could be made. Its action was quite the same as that of its salts.

I must here remark that I have not taken into special consideration various associated symptoms,

as, for example, changes in the pupil, dysuria, colic, etc.; because these are partly too little relevant, partly too rare, and, moreover, because these are of no especial consequence in a therapeutic sense. It is true that many observers attach great importance to such uncertain associated symptoms, expand them to weighty facts, and hang upon them a beautiful theoretic cloak, and parade them with specific indications for practice. The trusting practitioner is, however, soon undeceived, and is apt, to his own loss, in disappointment, to turn his back utterly upon pilocarpine. Good results from the use of pilocarpine are, according to my experience, only to be expected in diseases in which a powerful diaphoresis and a greatly increased secretion of saliva are desired; in mercurial poisoning, in catarrhal jaundice, in albuminuria and diabetes insipidus, in pleuritic effusion, and in diphtheria. The dose I have used has been from one to four centigrams in a gram of distilled water. (About one-sixth to one-half a grain in fifteen minims.)

Finally, I would say something in regard to the treatment of mercurial poisoning with infusion of *jaborandi* and hypodermic injections of pilocarpine. On account of the rather numerous establishments in this city where quicksilver is used, this tedious and stubborn disease frequently demands treatment, usually presenting itself under the aspect of paralysis agitans, more rarely in that of salivation, or a combination of salivation and paralysis. For this pilocarpine has proved very effective; in proof of which I would cite two cases that have recently occurred—cases of tremor without salivation, which is one of the most troublesome forms.

Salivation must be looked upon as an effort of nature to bring about a cure, to expel the mercury from the body; which view is only apparently opposed by what some authors have stated; as, for example, Niemeyer, who says: "The increase of the salivary secretion from the use of preparations of mercury does not appear, as many have assumed, to be the result of a mingling of the mercury with the glandular secretion. This has never, as yet, been discovered in the pure glandular secretion, and it must first be questioned whether the mercury found in such mixed saliva be not an ingredient of the cast-off epithelial

cells, which are found in unusual quantity in mercurialism." It is to be regretted that Niemeyer has not adduced any proofs of an experimental character in regard to this matter. He certainly is right in remarking that, in mercurial poisoning, the tessellated epithelium takes up particles of mercury. How would it be possible, otherwise, to explain the pathognomonic symptoms of this affection? the more or less extensive grayish appearance of the mucous membrane of the mouth, especially in the fauces and about the last molars? In this mirror—which, by the way, is presented also with somewhat dimmed lustre in lead colic—one can, at the first glance, often, indeed, after months have passed, recognize if a person has gone through a course of mercury or suffers with mercurial poisoning. If, then, according to Niemeyer's view, particles of mercury are present in the epithelial *débris* that is mixed with the discharged saliva, the probability that they are present as well in the glandular secretion itself is by no means excluded, or even that from it the mercury has penetrated the epithelium.

Yet, aside from this digression, this much is sure: that mercury has often been found in the saliva of persons affected by mercury. If, then, it be established that in mercurialization mercury is excreted with the perspiration also, it is easy to understand that a remedy which increases salivation and sweating discloses a special healing power in diseases due to mercury.

The first case I have referred to was that of a man, twenty-nine years old, employed in a looking-glass manufactory, affected with tremors of high grade, swaying with convulsively trembling legs, and with trembling and nodding head; if he made an attempt to stand upright he swayed about as if he would fall to the ground; he had to be carried up the staircase and over the threshold; he had somewhat obstructed speech, and uttered words rapidly and explosively; he had no salivation, but the metallic lustre was not missing from his cheeks and gums. Otherwise he was well, he had a good appetite, his evacuations were regular, his nights restless. The treatment was begun with a decoction of six grams (ninety grains) of jaborandi leaves, which caused great sweating and salivation. At night he was given opium to secure sleep. A week later pilocarpine injections

were added to the decoction, to increase the effect. The cure advanced rapidly. In two weeks after the treatment began he could carry a glass tolerably full of water across the room without spilling, and he could walk much better. An examination of the saliva, by Dr. Hilger, in Erlangen, showed the presence in it of mercury. In less than two months the patient was discharged, having had three jaborandi sweats and twenty-three injections of pilocarpine.

The second patient was admitted to the hospital April 12, 1880, affected with mercurialization of a still graver grade than the one just described. He was thirty-seven years of age, and had long worked in a looking-glass factory in which Almaden quicksilver was used—a sort which oxidizes strongly, and is, consequently, especially poisonous. He had for some time observed a slight tremor; this increased markedly for six weeks before I saw him. When admitted to the hospital he was affected with a convulsive shaking of the head and the four extremities; he was scarcely able to walk a few steps alone; he could not stand still without something firm to hold to; his speech was embarrassed, and he could only utter words in a stuttering manner. In eating he conveyed a spoon with difficulty to his mouth; in drinking it was necessary to hold the vessel for him, because he shook the glass about convulsively. If quiet and in good spirits, this general tumult of the muscles diminished materially; but with every disturbance it recurred. He had, besides, some salivation. The mucous membrane of the gums was red and swollen, the gingival surfaces of the teeth covered with a gray coating, the metallic lustre of the mucous membrane of the throat and cheeks well developed. There was almost no swelling of the lymphatic glands to be observed. His appetite was deficient; he had a metallic taste; his evacuations were normal; he had no fever.

The treatment consisted in hypodermic injections of the muriate of pilocarpine into the forearm—two or three centigrams (one-third to one-half a grain)—every alternate day. In the intervening days he took a lukewarm bath. He sweated and was salivated profusely after the injections.

Improvement soon showed itself; but after

remaining twelve days in the hospital he was seized with a sudden desire to be with his family, and he left us. On June 1st he returned to the hospital in a somewhat worse condition. From this, onward, the previous treatment was carried out with the utmost particularity possible, with slow but continuous improvement, until September 12th, when he refused to remain any longer, and was discharged almost cured. The tremor had disappeared, except upon great disturbance, when indications of it still appeared. If he had only remained a little longer it is highly probable that he would have gone away entirely cured. He received, altogether, about thirty-eight injections of pilocarpine, without any considerable local irritation at the points of puncture.—*Memorabilien*, January 15, 1881.

INTERNATIONAL OPHTHALMOLOGICAL CONGRESS AT MILAN.—Among the proceedings of this Congress, last September, were the following:—

On the second day Landolt, of Paris, making a communication on the treatment of diseases of the lachrymal duct, recommended, in simple obstructions, to open the canaliculus with a conical sound, adding borate of soda whenever there was evidence of catarrh. In the presence of suppuration he advised incision of the superior opening and passage of sound No. 5 through the nasal duct. If there be inflammation of the sac he opens the abscess along the whole length with a Stilling knife. He recommends much the same cure for fistula, with the very exceptional addition of a suture when suppuration has ceased.

Dr. Martin raised an interesting discussion on the value of the actual cautery in cases of ulceration of the cornea. Dr. Del Monte preferred the knife, in which view Martini of Rome concurred. Gayet considered cases suitable for cautery very limited in number, but Gradenigo and Cadei were of the opinion of Dr. Martin as to its great value.

On the proposition of Dr. Landolt, it was agreed to draw up forms for inquiry as to color-blindness, similar to those employed lately at New York and Cambridge; and in view of its importance to those engaged on railways, and to sailors, a unanimous vote was passed, on his motion, calling on all governments to form an international agreement to examine from time to time all employés on railways and ships.

INTERNATIONAL OTOLOGICAL CONGRESS AT MILAN.—At the third meeting, held at the same place and in the same month as the Ophthalmological Congress, Dr. Ménière, of Paris, read a paper on the treatment

of chronic otorrhœa. He advised applications of carbolic acid dissolved in glycerine, 1 to 10, repeated eight to ten times a day. Politzer agreed to prefer antiseptic to astringent treatment. Löwenberg used principally alcohol, and in some cases antiseptic tampons. He considered that glycerine had often a distinctly caustic, rather than an emollient effect. Dr. Ravogli was of the same opinion as to the irritation caused by glycerine, and now employed vaseline with iodine. Dr. Hartmann advised frequent irrigation. Dr. Morpurgo and others thought boracic acid was the best remedy.

At the fourth meeting, Dr. Ménière read a paper on the disease which goes by his father's name—that of "auditory nerve vertigo." He advocated treatment by quinine, as first advised by Charcot. In the ensuing discussion, Politzer stated that he had experienced good results from hypodermic injection of two to eight drops of a 2 per cent. solution of pilocarpin, not only in these cases, but also in syphilitic affections of the internal ear, and recent effusions into the labyrinth. Politzer next related, at some length, his observations on the paracousis of Willis—that is, on the fact that certain patients hear better in a noise.

At the fifth meeting, Löwenberg spoke of the open mouth in the deaf, believing it to be due to nasal obstruction, on which subject various opinions were given, Edouard Fournié considering that it was an instinctive act to help conduction of the sound-waves.

Dr. Fournié read a paper on the physiological importance of the Eustachian tube. His conclusions were:—1. That the tube is always open; 2. That contraction of the muscles of the tube close the tube, and do not open it, as is generally taught. The President protested against this overthrow of classical belief, to which the author replied by a demonstration of his views on recent specimens.

Mons. Joly, of Lyons, read a paper by Lennox Browne, on the results of the audiphone in 100 consecutive cases of confirmed deafness, which went to show that this instrument is only useful in those cases which may be benefited by the ear-trumpet, compared with which, while it possesses no advantages, it is very inferior as an aid to hearing. Mons. Joly's own experience was also in accord with this paper.

Dr. Ravogli, of Rome, read an important paper on the influence of syphilis on the hearing, taking his data from 144 cases of the general disease—95 secondary and 49 tertiary. Of these only 16 attacked the organ of hearing, 4 the larynx, and 5 the eyes. Of the aural cases 11 were secondary and 5 tertiary. Of the whole 16, 15 were affected by acute and chronic catarrh, while only 1 was the subject of mucous tubercles in the outer ear.

The American Specialist.

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PRESLEY BLAKISTON,
1012 Walnut Street, Philadelphia.

PHILADELPHIA, MARCH 1, 1881.

AFTER GRADUATING.

After a man has studied hard in a medical school for three years, and finds himself at the end of that time possessor of the coveted degree of Doctor of Medicine, it is natural that he should feel like shutting up his books, turning his back on the honored, but rather tiresome halls, and launching out for himself into the work for which he has been preparing. For some men this is not simply agreeable, but, for business reasons, absolutely necessary. Such must strike out at once for themselves, and trust to time and hard-earned experience to correct the many misapprehensions and fill out the many gaps that rest in the mind of every recent graduate. Others have a choice in the matter. No grind of poverty compels their instantly making money, and they ought not to miss the opportunities now afforded in every considerable medical centre to acquire a practical acquaintance with the many branches of medical education which cannot be adequately demonstrated so long as they constitute but a part of an extensive curriculum.

After the pressure of the regular course and the greater or less dread of the examinations is over, all who can should avail themselves of the post-graduate instructions of the industrious and hard-working men who give private courses. This is very important in regard to the so-called specialties, and scarcely less so in regard to the more

general branches. Of the former, one solid and thorough course by the bedside or in a dispensary will be of incalculable benefit to any man who can compass it. Of the latter there remains much that may be picked up, of methods and of means, within the few months that intervene between the usual "commencement" time and the heats of summer. This is, in our opinion, a season of great possibilities for the recent M.D. He will never have such another when he has entered into practice; and, if he would save himself regrets, he should not rush off as soon as he has received his diploma, but remain near his Alma Mater and see what he can learn from his older brothers before he starts out into the world for himself. If he can at all afford to wait, his future is likely to be the better for it. He may learn much from men who are not many years ahead of him; men who are not yet oppressed with engrossing practice, who have the time and the inclination to impart to him knowledge that they have been, and are, accumulating against the day when they shall be too busy to continue just this sort of work, and shall hand it down to their successors. By postponing for a few months the return to home and friends, or the entrance upon active work which has been so long anticipated, the new M.D. may acquire what he never again will have so good an opportunity for.

To some the question of travel and study in Europe will arise. After personal experience, we have no hesitation in saying that this may be of very great value to those who can afford it. It is true there are men who waste money and get little good by a stay in Europe. But that is their own fault. It is surprising how much can be accomplished by a year's residence in one of the Continental cities. In the first place, with fair ability, a very good knowledge of the German or French language can be acquired. Or, one can be quite well learned, and at the same time enough of the other to make it readable. While this is going

on, and keeping pace with it, so that each helps the other, lectures, clinical and didactic, can be attended, and private courses be taken on special subjects. All these contribute to the broadness of a man's education, and give him a sense of personal acquaintance with, and a much deeper interest in, the whole world of science and its doings.

It is not to be expected that study in Europe will sharpen a dull man, or carry a keen one far ahead of his fellows who never leave their native land; but it will add many pleasant and valuable observations to any man's stock of knowledge, enlarge his circle of professional friends, increase the zest with which he reads of the progress of our science in other lands, and lay up for him a store of experiences which will afford him many an agreeable reminiscence in after life. The field that the acquirement of a foreign language opens to one is almost boundless; and were nothing else gained, it would pay a studious man to spend a year in Europe, if he only learned German or French. But much more, as we have said, can be gained, and so we would advise all who can afford it to spend a year in study on the Continent.

Where to spend it? How to spend it? These are questions the answers to which would require more space than we have now to spare. This much may, however, be said. Do not start, if it can be avoided, without a well-defined plan, adopted after consultation with some one who has had experience in this matter.

Finally, lest we be misunderstood, we will repeat that the advantages of Europe are not so great that they will push a careless man beyond the point to which a good student can attain in America; though the facilities for post-graduate studies are, in our opinion, far superior to what are afforded in this country. There or here, however, the graduate who can should spend from six months to a year in careful study of dispensary

or hospital cases, and in learning from independent teachers the special matters to which they devote their attention. If this be done, it is not likely that he will settle down into a "routine" practitioner, but that he will acquire habits of careful observation and thorough investigation which will make him all his life a better theorist and a better practitioner, fitting him the better to do his every-day work, and the better, if occasion offer, to instruct others.

FAREWELL.—And now the present editor bids his readers farewell. Since the inception of this journal he has endeavored to conduct it so that it should be of value to them, feeling that their interests and his own were identical. Other duties make it necessary for him to lay aside what has been a pleasant, if not always an easy task. He hands it over to one whom he knows to have the same purpose in view, and who will spare no effort to do his duty fully to all concerned.

CHARLES W. DULLES.

BOOK REVIEWS.

WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS. New York: William Wood & Co., 1880. 8vo. 12 volumes.

—A HANDBOOK OF PHYSICAL DIAGNOSIS. By Dr. Paul Guttman, Privat-Docent, University of Berlin. Translated by Alex. Napier, M.D., Fellow of the Faculty of Physicians and Surgeons, Glasgow. pp. 344.

—TREATISE ON THERAPEUTICS. Translated by D. F. Lincoln, M.D., from French of A. Trousseau and H. Pidoux, etc., etc. Three volumes; pp. 302, 299 and 379.

—A TREATISE ON FOREIGN BODIES IN SURGICAL PRACTICE. By Alfred Poulet, M.D. Two volumes pp. 271 and 320.

—THE SURGERY OF THE FEMALE PELVIC ORGANS; in a Series of Plates taken from Nature; with Commentaries, etc. By Henry Savage, M.D., Lond., etc. pp. 129.

—DISEASES OF THE PHARYNX, LARYNX, AND TRACHEA. By Morell Mackenzie, M.D., Lond., etc. pp. 440.

—A TREATISE ON COMMON FORMS OF FUNCTIONAL NERVOUS DISEASES. By L. Putzel, M.D., etc; pp. 256.

—THE VENEREAL DISEASES, INCLUDING STRICTURE OF THE MALE URETHRA. By E. L. Keyes, A.M., M.D., etc.; pp. 348.

—DIAGNOSIS AND TREATMENT OF EAR DISEASES. By Albert H. Buck, M.D., etc. pp. 411.

—MINOR SURGICAL GYNÆCOLOGY. By Paul F. Mundé, M.D., etc. pp. 381.

Wood's Library for 1880 contains some excellent material. This is especially true of the books written for the series, which are good and abreast of the times, while the reprints of foreign works are only in part so. The Handbook of Physical Diagnosis is good, but not good enough to usurp the place now occupied by English and American authors; the Treatise on Therapeutics is as good as its age will permit, but it is by no means to be compared with more modern and less bulky works that come to us without needing translation; the Treatise on Foreign Bodies in Surgical Practice contains not a little that is instructive; but the author has made far too much of his subject, and the really valuable material lies buried in a discouraging mass of useless disquisition.

On the other hand, the plates in Dr. Savage's work on the Pelvic Organs of the female are beautifully executed and very valuable; the text is sufficient to explain them, and the whole such a work as we can heartily commend to our readers. We can also speak favorably of the work of Mackenzie on the Pharynx, Larynx and Trachea. We have, in a previous issue, spoken in praise of the first volume of Mackenzie's "Diseases of the Throat and Nose." All that was true of the text of that is true of the text of this, which is that first volume published separately, as if it were a complete work. The illustrations are copies—in many instances very poor copies—of those in the volume alluded to. It is, certainly, a cheap book, though in make-up decidedly inferior to the original.

When we come to the works written for this series we have more satisfaction in our review. Dr. Putzel's book on Functional Nervous Diseases treats of chorea, epilepsy, neuralgia, and peripheral paralysis with scientific method, and in an easy and interesting style. The book is a real addition to good medical literature; so much so, that we regret it does not stand by itself, instead of having its fortune linked with the rest of this set, few of which compare with it in freshness and intrinsic worth.

Dr. Keyes is an authority on the subject of venereal diseases, well known by his previous writings, and his book is one of the best in the series. His style is not all that could be desired, and there are some unfortunate terms used in his book. But what the average reader will deem of most consequence is not missing from it.

Dr. Buck's is another valuable book of the series. Drawn from practical experience, its teachings are plain and easy to be understood. In our opinion, details of cases the author has treated, while they may serve a useful purpose, are not so valuable as concise, even if somewhat dogmatic, precepts from one whose experience does not require to be proved.

Dr. Mundé contributes the last, but by no means the least important, work, one well worth the study of all who have not the opportunity to learn under a skillful teacher the procedures most frequently necessary in treating the diseases peculiar to women.

The whole "Library" for 1880 is decidedly better than was that for 1879, and the plan of the publishers has certain undeniable advantages for men who care less for fine mechanical work in book-making than for ideas, and who will not too deeply regret being offered cheap paper, cheap typography, cheap cuts and cheap binding, if, for a comparatively small sum of money, they can get on their shelves twelve volumes of such fair average worth, and, in some instances, of so much more than this.

DRAINAGE FOR HEALTH. By Joseph Wilson, M.D., Medical Director U. S. Navy. Philadelphia: Presley Blakiston, 1881. 8vo, pp. 68. Price \$1.00.

A chatty book upon drainage, containing excellent ideas, but not very systematically arranged. It contains too much anecdote for a scientific work, though this may increase its interest for the general reader.

RINGWORM: ITS DIAGNOSIS AND TREATMENT. By Alder Smith, M.B., Lond., F.R.C.S., etc. Philadelphia: Presley Blakiston, 1881. 16mo, pp. 81. Price \$1.00.

The characteristic feature of this little monograph is thoroughness. The author has had just the sort of experience to fit him for the work he has undertaken, and it will be quite worth the price of the book to any one who is puzzled by a stubborn case of ringworm to learn what he has to say about it.

COLD PACK AND MASSAGE IN THE TREATMENT OF ANÆMIA. By Mary Putnam Jacobi, M.D., and Victoria A. White, M.D. New York: G. P. Putnam's Sons, 1880. 8vo, pp. 76. Price \$1.25.

This is an interesting and scholarly monograph, being a reprint of articles on this subject which appeared last year in the *Archives of Medicine*.

DIFFERENTIAL DIAGNOSIS. By F. de Havilland Hall, M.D., Assistant Physician to the Westminster Hospital, London. Second American Edition. Edited by Frank Woodbury, M.D., etc. Philadelphia: D. G. Brinton, 1881. 8vo, pp. 223. Price \$2.00.

This work supplies, in handy shape, tables of comparison between diseases likely, by the inexperienced, to be confounded. Its teachings seem to be in keeping with the most recent advances of medical science.

We notice that syphilis does not receive the attention it deserves, and that the index is badly and inefficiently constructed.

COMPENDIUM OF MICROSCOPICAL TECHNOLOGY. By Carl Seiler, M.D., etc. Philadelphia: D. G. Brinton, 1881. 8vo, pp. 130. Price \$1.00.

The author of this book is a microscopist of great skill and experience, and there are few men so well fitted to advise beginners how to go about a part of medical education which has now become indispensable. His teachings are simple, clear, and sensible. Of them all, none, we think, is more valuable than the advice to select one method and practice it till proficient, and not go pottering with a dozen, never accomplishing much with any.

PRACTICAL HISTOLOGY AND PATHOLOGY. By Heneage Gibbes, M.B. Philadelphia: Presley Blakiston, 1881. 8vo, pp. 107. Price \$1.00.

This may be a convenient companion to the book of Dr. Seiler, just noticed. It goes much more into the details of selecting and preparing tissues for microscopical investigation, and is suited to students more advanced. If used by a beginner, he had better bear in mind the advice quoted above, and not attempt to do too much at first, lest he become disgusted, and conclude, very unwarrantably, that he can do nothing at all.

JOHN HUNTER AND HIS PUPILS. By S. D. Gross, M.D., LL.D., etc. Philadelphia: Presley Blakiston, 1881. 8vo, pp. 106, with an engraving of Hunter. Price \$1.50.

We have alluded at length to this book, in our issue for February, and need only add to what was then said, that the matter is such as one would expect from so distinguished an author in treating of so distinguished a subject, while the make-up of the book is a credit to the publisher.

A PRACTICAL TREATISE ON THE DISEASES OF WOMEN. By T. Gaillard Thomas, M.D., etc. Fifth edition, enlarged and revised. Philadelphia: H. C. Lea's Son & Co., 1880. 8vo, pp. 806. Price, cloth, \$5.00; sheep, \$6.00; half Russia, \$6.50.

There are some books that the reviewer takes up with genuine pleasure, because, as of old friends, their merits are well known, and he can unhesitatingly commend to others the possessors of qualities which have already given him such satisfaction. This thought occurs naturally as the new volume of Dr. Thomas's book comes from our shelf, in its handsome binding, and with its delicate odor of Russia leather. Twelve years this work has been in the hands of the profession, and this is its fifth edition—a good evidence of its value. To our readers we would say, if you do not own it now, get it as soon as you can. If

you have one good work on the Diseases of Women and want another, this is the book you need.

A PRACTICAL TREATISE ON DISEASES OF THE SKIN. By Louis A. Duhring, M.D., etc. Second edition, revised and enlarged. Philadelphia: J. B. Lippincott & Co., 1881. 8vo, pp. 644.

It is simply impossible, in the space at our disposal, to give any idea of the careful, thorough, accurate and complete character of this work. And, indeed, there is little need, for it is already known and admired on both sides of the Atlantic. But we may add our testimony to that of other reviewers as to its great worth, and our advice to all who want the best work on this subject in the English language, and, perhaps, the best in any, to get Dr. Duhring's book.

BOOKS RECEIVED.

—"John Hunter and his Pupils." By S. D. Gross, M.D., LL.D., etc. Philadelphia: Presley Blakiston, 1881.

—"Diseases of the Skin." By Louis A. Duhring, M.D., etc. Second edition. Philadelphia: J. B. Lippincott & Co., 1881.

—"Diseases of Women." By T. Gaillard Thomas, M.D., etc. Fifth edition. Philadelphia: H. C. Lea's Son & Co., 1880.

—"Syphilis." By Fessenden N. Otis, M.D., etc. New York: G. P. Putnam's Sons, 1881.

—"Nervous Derangement." By William A. Hammond, M.D., etc. New York: G. P. Putnam's Sons, 1881.

—"Albuminuria." By W. Howship Dickinson, M.D., etc. New York: William Wood & Co., 1881.

—"Hernia, Strangulated and Reducible." By Joseph H. Warren, M.D. Boston: Charles N. Thomas, 1881.

—"Microscopical Technology." By Carl Seiler, M.D. Philadelphia: D. G. Brinton, 1881.

—"The Bacteria." By D. Antoine Magnin. Translated by George W. Sternberg, M.D., Surgeon U. S. Army. Boston: Little, Brown & Co., 1880.

PAMPHLETS RECEIVED.

—"The Significance of Frequent Micturition." By T. B. Curtis, M.D., etc. Reprint from the *Boston Medical and Surgical Journal*, Nov. 25th, 1880.

—"Medicinal Eruptions." By Arthur Van Harlingen, M.D., etc. Reprint from *Archives of Dermatology*, October, 1880.

—"Atresia of the Genital Passages of Women." By Edward W. Jenks, M.D., LL.D., etc. Reprint from *Chicago Medical Journal and Examiner*, September, 1880.

—"Cæsarean Section, with removal of Uterus and Ovaries after the Porro-Müller method." By Elliott Richardson, M.D., etc. Reprint from *American Journal of the Medical Sciences*, January, 1881.

—"Extensive Scalding from Prolonged Exposure to Steam at High Temperature." By Norman H. Chapman, M.D., M.S., etc. Reprint from *American Journal of the Medical Sciences*, January, 1881.

Selections and Abstracts.

ALCOHOL IN THE TREATMENT OF AURAL POLYPI.—

Professor Politzer, in the *Wiener Med. Wochenschrift*, July 31st, 1880, recommends the use of alcohol for the destruction of polypi in the ear which are beyond the reach of instruments. The attempts to cause them to shrivel by dropping into the ear concentrated solutions of acetate of lead, perchloride of iron, or sulphate of copper, or by touching them with tincture of opium or of iodine, are in most cases unsuccessful. Further, the long continued use of the above-mentioned solutions is not unfrequently followed by a fresh growth of the polyps, brought about by the irritation produced by the application. Equally uncertain are caustics, such as nitrate of silver, perchloride of iron, sulphate of copper, chloride of zinc, and chromic acid. Besides the fact that cauterization is often without effect, it is necessary to apply these remedies to the proliferations alone, and to avoid their action on the neighboring parts; the skill required for which can be obtained only by long experience. The galvanic cautery is more effective, but not likely to come into general use, as it requires a complicated apparatus and skill in application. A simple remedy, which will act more certainly and safely in a great number of cases of granulations and polypous growths, is alcohol. Löwenberg and Weber-Liel have recommended alcohol in chronic suppuration of the middle and external ear. Dr. Politzer also finds it to be an excellent remedy, though inferior to boracic acid or concentrated solution of nitrate of silver. He has, however, obtained remarkable results from the use of alcohol in cases attended with the formation of granulations and polypous growths in the external auditory meatus, in the tympanum, and on the membrana tympani. In applying the alcohol, it is necessary first to remove the purulent secretion from the tympanum by insufflation of air, and then to syringe the ear with lukewarm water; the fluid remaining in the ear being removed by the introduction of a long roll of cotton. The head being now inclined to one side, a teaspoonful of moderately warm alcohol is poured into the external meatus, and allowed to remain ten or fifteen minutes. In most cases this produces only a slight sensation of warmth; rarely a feeling of burning or pain. This, if it occurs, is usually of short duration, and troublesome only during the first few days. If the pain be too intense, the alcohol may, in later applications, be diluted with water. The alcohol should at first be poured in three times a day; and, after some time, the applications should be reduced to two, and ultimately to one daily. Immediately after the applica-

tion of the alcohol, the hitherto red granulations and polypi assume a pale reddish-grey color, dependent on the coagulation of the mucus and albumen on the surface. After prolonged contact, the alcohol penetrates into its superficial layers, causing coagulation of the contents of the blood-vessels and contraction of the tissue. The action of the alcohol does not depend on the structure of the growth. Soft, rounded polypi are, indeed, more frequently and quickly caused to disappear than firm fibromata; but even the latter not unfrequently shrivel up so completely, after a prolonged application of alcohol, that not even the smallest trace of them remains behind. In concluding his paper, Dr. Politzer sums up the indications for the use of alcohol, as follows: 1. For the removal of the remains of polypi in the external auditory meatus, on the membrana tympani, and especially in the tympanum, which cannot be removed by operation. 2. In cases of multiple granulations in the external meatus, and on the tympanic membrane. 3. In diffuse excessive proliferation of the mucous membrane of the middle ear. 4. In cases where the instrumental removal of polypi is rendered impossible by mechanical impediments in the external meatus. 5. Experimentally, as a substitute for operation in the cases of timid persons, and of children, in whom operative proceedings are difficult, and often can only be carried out under anæsthesia.

CHIAN TURPENTINE VALUELESS IN THE TREATMENT OF CANCER.—Mr. Henry Morris, in the *Lancet*, December, 4, 1880, winds up a consideration of the value of Chian turpentine, as a remedy for cancer, with the statement that he is not able to report a single symptom over which the drug exercises frequently—not to say constantly—an influence. It cannot be relied upon to assuage pain, to diminish or alter the character of the discharges, to check hemorrhage, or promote the destruction of the growth by ulceration or sloughing. In the few cases in which the patient at first thought she was benefited, the impression was due to that "clutching at straws" tendency which is so often observed in persons suffering from lingering and incurable disease, and to her being encouraged to think that she was taking a new and certain cure. Rest, regulation of diet, attention to the bowels, an anodyne at night, and the extra local cleanliness which follows from the use of injections and lotions, will of themselves give temporary ease and improvement. Besides, it must not be overlooked, in observing the effects of drugs on cancer, that some cases seem to halt in their progress, and stand still for a longer or shorter time; nay, even more, they seem to retrogress. He has at present a

man with a cancerous ring stricture of the rectum, who many months ago came to the out-patient department, emaciated, pinched, and haggard-looking. At his first visit there was a plug of hardened feces stopping up the lumen of the stricture, like a cork in the neck of a bottle. This being broken away, he was ordered confection of senna and quinine mixture, and would not hear of colotomy "at present." He still comes regularly, has improved in strength and appearance, and always says he is "wonderfully better"; but there is still the stricture. If he had been taking the turpentine, no doubt this would have received the credit for his improvement. One not unfrequently sees cases where the whole of a large tumor of the breast has sloughed away by degrees, leaving a narrow sulcus or fissure, with perhaps a small, flattened, indurated ulcer at one part, partly scabbed over, and having shallow sulci radiating from it into the thickened parts around. In some of these cases it is hard to believe, at first, that an operation has not previously been performed; but there has never been any reason to think that the tumor has "melted away" by the agency of any medicine. "It would have been a pleasant task," he adds, "to have reported a number of successes, and to have congratulated Professor Clay upon having made the discovery of a cure for cancer. But, after a long and careful trial, the conclusion forced upon me is, that, as a cure for cancer, Chian turpentine is utterly valueless."

MASTOIDITIS.—Dr. F. Buller, in the *Canada Medical and Surgical Journal*, December, 1880, reports twenty cases of this disease, and ends his paper with the following conclusions:—

1. Acute secondary external inflammation of the mastoid is, when promptly and efficiently treated, not at all a dangerous disease. An incision should not be delayed more than twenty-four hours, if leeches, aconite and moist heat fail to arrest its progress. An early incision is especially indicated in young children, on account of their peculiar liability to necrosis or carious disease of the bone, and its extension inward.

2. It is not always possible to distinguish between acute external and acute internal inflammation of the mastoid, but the latter probably exists in any case of obvious mastoid inflammation if there has been a considerable period of severe pain of a neuralgic character before the external signs of the disease have made their appearance.

3. Some of the worst and most hopeless cases of mastoiditis do not show any positive external sign of their presence. It is just in these cases that an early diagnosis of pus in the bone is most desirable and yet most difficult. The presence of persistent and se-

vere one-sided pain in the head, with co-existent ear disease of a catarrhal or purulent character is very suspicious of deep-seated mastoid disease; a persistent slight elevation of temperature increases the probability of pent-up pus being present. Possibly the use of the surface thermometer over the mastoid would aid in the diagnosis.

4. When once we are satisfied the pus has formed in the mastoid, it is our duty to open the bone without delay.

5. The operation is not by any means always so easy as it is often represented, nor is it devoid of danger. Often a very thick layer of firm bone requires to be cut through, and sometimes the most skillful operator will necessarily come in contact with the lateral sinus.

CHRYSOPHANIC ACID IN SKIN DISEASE.—Dr. Balmano Squire, in the *British Medical Journal*, Dec. 11th, 1880, refers to the properties of chrysophanic acid in the treatment of chronic skin diseases, and claims for this medicine, both in the matter of expense and of curative influence, superiority over its chemical ally and rival, pyrogallallic acid. Dr. J. Magee Finn, in the same journal, Dec. 18th, 1880, says: "Of the question of expense there can be no doubt; but of the curative differences, conclusions cannot be arrived at without recording the results of practical experience. For my part, there is no doubt of the superiority of chrysophanic acid over pyrogallallic acid in the treatment of chronic psoriasis. To put the matter to the test, I have, in several instances of general psoriasis, directed one drug to be applied to one side of the patient's body, and the other to the opposite. This I conceive to be a test least liable to the fallacy to which the employment of the medications to different cases of psoriasis, or at different stages of it in the same individual, would be open. In all such test-cases the parts where the chrysophanic acid was used invariably recovered soonest."

"There are, doubtless, some cases in which great care must be taken, owing to its irritating properties on delicate skins, and the oedema which it may produce when applied to the head and face; but these reasons for caution do not in any way remove it from the list of the most efficient remedies for psoriasis. Where the epidemic scales are very thick, and where there is reason to believe the acid is not acting, owing to the scales not being removed by soft soap prior to inunction, I have found the happiest results follow its use, after the removal of all scales down to the corium, by rubbing in firmly to the affected places, by means of a ball of lint, a six per cent. solution of salicylic acid in rectified spirit—a line of treatment recommended by Dr. Priessman."

THE VOICE.—Dr. Krishaber, at a recent meeting of the Academy of Medicine of Paris, read a communication detailing his experimental researches on voice, with the following conclusions:—1. The vocal cords, when isolated, produce very feeble sounds, the musical value of which it is difficult to determine. 2. The intensity of these sounds is powerfully reinforced by the pharyngo-buccal and pharyngo-nasal cavities, acting as resonators. 3. The vestibule and ventricles of the larynx have no influence on the intensity of the sound in the animal used in the experiments. 4. The voice derives its "*timbre*" from the same sources as it does its intensity, with this difference, that the "*timbre*" is especially determined by the bucco-nasal cavity, and the intensity by the pharyngeal cavity, the amplitude of which is one of the essential conditions of the power of the voice.

VACCINATION.—At the September and November meetings of the Medical Society of the county of Kings, N. Y. ("Proceedings," Oct. and Dec. 1880), interesting papers upon vaccination were read and an equally interesting discussion followed. Both bovine and humanized virus were defended earnestly by their respective supporters; but the strength of argument was, in our opinion, decidedly on the side of bovine virus. There is perhaps little doubt that a pure lymph, from a perfectly formed vesicle on a healthy child, is the very best to be used in vaccinating; but, owing to the almost utter impossibility of obtaining such an article just when it is most needed, it is better to rely upon the bovine virus furnished by propagators of known carefulness and integrity.

VARICES IN PREGNANCY.—M. Budin, of Paris, has, we learn from the *Medical Times and Gazette*, written an interesting monograph on this subject. In it he points out that the signs and symptoms of varicosities of the superficial and of the deep veins are quite different. Those of the superficial veins are familiar to every one. In the case of deep varices there is nothing wrong to be seen in the affected leg, except that it is increased in size. The patient complains of severe pain in the calf, in the popliteal space and in the sole of the foot, and there is increased perspiration of the affected limb. If such symptoms as these exist, and are rapidly relieved by rest, it is probable that a varicose condition of the deep veins is their cause. These varices are not constant in their mode of appearance. Sometimes they become troublesome only after several pregnancies, and then not till the last months of gestation; but in some women they are noticed in the first three or four weeks.

M. Budin cites one patient who commonly first became aware of her pregnancies by the development of the varices. The author also describes the varices of the internal and external genital organs, of the anus and rectum, of the urethra and bladder, and of the trunk and upper extremities. Hemorrhoids often cause a good deal of trouble during pregnancy, but not danger—they commonly disappear after delivery. Varices of some kind occur in from 20 to 30 per cent. of all pregnancies.

APPARATUS FOR INSUFFLATION OF POWDERS.—Mr. Charles Roberts, in the *British Medical Journal*, December 4, 1880, suggests a simple and ingenious apparatus for local application of fine powders. Any one who can bend a glass tube in a gas-jet can construct an apparatus of this kind for himself. It consists of a small, wide-mouthed bottle, fitted with a good cork, and two pieces of glass tube, four or six inches in length, according to the size of the bottle and the accessibility of the parts to which the powder is to be applied. One of the glass tubes is passed just through the cork, bent at right angles, and drawn out to a fine nozzle; the other tube is passed through the cork to the bottom of the bottle; and the projecting portion bent at right angles, and fitted with an elastic tube and double-valved ball. Some of the powder is placed in the bottle, and when the apparatus is in use, a blast of air is driven through it, causing the finest particles to fly up as dust, and to be driven out of the nozzle in a pure and quite invisible spray or powder, which forms a coating on a damp or rough surface of the skin or mucous membrane on which it is directed, the extent of the coating being influenced by the position in which the nozzle is held. The apparatus described is adapted for the application of powders to the throat, nose, ears, eyes, and vagina, or, indeed, to any locality of the surface of the body. A vulcanite tube, containing two tubes arranged as described, could be screwed through the centre of a cork in a wide-mouthed bottle, and thus save the small trouble of shaping the glass tubes.

WHOOPIING-COUGH AND GAS-WORKS.—In a report presented to the French Academy of Medicine, M. Henri Roger, after examining with much care into the efficacy of the emanations from gas-works, in checking or moderating whooping-cough, in the light of the various statistics which have been published in France on the subject, thinks that this method has no therapeutic merits superior to those of other remedies. It modifies, it is true, the quality and quantity of the bronchial secretions, and can, for a given day, lessen the symptoms of pyrexia; but it has no real abortive or specific action; in fact, there is no specific

remedy for this disease. The physician has no power over its incubation or its issue; but by isolation of the cases he can diminish the propagation of the infection; he can mitigate the violence of some symptoms, prevent or modify complications, assist nature, and, by a rational employment of hygienic and therapeutic resources, lead to a cure in many cases.

CÆSAREAN SECTION EXTRAORDINARY.—Dr. Gaston Boyd reports, in the *Kansas Medical Index*, January, 1881, a most remarkable and fruitless attempt at Cæsa-rean section, made by a German girl, on her own person. She made an incision one inch in length, one inch to the left and a little above the umbilicus, penetrating the abdominal cavity. She did this in order to introduce her finger (which she did) and remove a child, of which she believed she was four months pregnant. Finding her efforts futile she procured a needle and thread and sewed up the gash. In two days she was a corpse. At a *post-mortem* examination it was found there had been internal hemorrhage and extensive peritonitis, with violent inflammation of the intestines and abdominal walls, and that the uterus was not pregnant, or presented any appearance of having recently been so.

GASTROTOMY.—In the *North Carolina Medical Journal*, October, 1880, Dr. L. L. Staton reports a successful case of gastrotomy. The patient was a black boy, eight years old, who, in August, 1879, drank some solution of caustic soda, which was followed by stricture of the œsophagus. Dr. Staton saw him first in June, 1880, and on the 17th did his operation. The stomach was found firmly contracted, being only two and a half inches long, by one and a half inches wide. A canula was introduced, and through this, first fluids and then food he had chewed was passed into the stomach. The recovery was not interrupted by peritonitis or any other unpleasant symptom. Five months later the boy was still doing well.

BOILS.—M. Planat, having used arnica in superficial inflammations, like erysipelas, boils, etc., was led to believe that arnica will abort the latter with great promptness. The arnica should be prepared in the following manner:—

Extract of fresh arnica flowers, ten grams; honey, twenty grams; powder of lycopodium, sufficient to make a paste of proper consistency to spread.

This should be spread on adhesive plaster and applied to the boil. The plaster should be renewed every twenty-four hours; twenty-five to thirty drops of the tincture of arnica given every two hours facilitates the cure.

Medical Notes.

—According to a Chicago doctor, the consumption of opium in that city is alarming. He says that fifty druggists have 235 regular customers.

—Smallpox and diphtheria are making terrible ravages in Bellechasse and Dorchester counties, Quebec. Diphtheria is also prevalent in Hull, Ontario.

—The annual report of the Board of Health of Chicago shows that there were 10,462 deaths in that city during 1880, out of a population of 503,298. This shows a death rate of 20.79 per 1000.

—In Illinois, the effect of the law governing the practice of medicine has been to increase the number of licensed practitioners from 3600 in 1877 to 4825 in 1880. In the same period the unqualified were reduced from 3800 to 1500.

—Dr. Gori recently presented to the Institute of France a printed bill of D. Chorez, spectacle-maker of Paris, dated 1625, in which he describes binocular spectacles, of which he offers a pair to the king. Hitherto, the invention of binocular spectacles has been attributed to Antoine-Marie Schyrle, a Bohemian Capuchin friar, who was born in 1507, and died at Ravenna, 1660.

—On Dec. 13th, 1880 a resolution was introduced in the U. S. Senate directing the Secretary of the Treasury to furnish to the Senate documents in his possession relating to trichinæ in swine, and the manner in which our pork trade with foreign countries has suffered on account of them. The documents, which will be sent to the Senate, comprise the most elaborate treatise upon trichinosis which has yet been written. It is the work of the late Surgeon Glazier, and to it he devoted the last year of his life. It is understood that the author shows that American pork suffers no more from this parasite than pork grown in foreign countries, even in the countries of Southern Europe, where the importation of American pork is prohibited. The treatise is illustrated by original diagrams, and will be accompanied by interesting reports from our consuls abroad.

—The Philadelphia School of Anatomy, well known to the medical profession because of its long connection with anatomical and surgical education in this city, now occupies a building on Hunter street, above Tenth, erected for its special accommodation. With the coming spring the scope of the teaching will be enlarged, so as to include other branches of practical medicine. The following courses of lectures will begin about the last of March:—

On Anatomy and Operative Surgery. By John B. Roberts, M.D.

On Bandaging and Fracture Dressings, and the Diseases of the Eye and Ear. By H. Augustus Wilson, M.D.

On Physiological and Clinical Chemistry, and Microscopic Anatomy. By Henry Leffmann, M.D.

On General and Physical Diagnosis. By J. T. Eskridge, M.D.

On Operative Obstetrics and Gynæcology. By Wm. H. Parish, M.D.

On Venereal Diseases, and Stricture of the Urethra. By Charles W. Dulles, M.D.

Recent Publications.

AMERICAN AND FOREIGN.

*Any books in this list sent postpaid on receipt of price by the publisher of THE AMERICAN SPECIALIST.

- Bartholow, Roberts, M.A., M.D., LL.D.** A Treatise on the Practice of Medicine, for the use of Students and Practitioners. Second edition. Revised and enlarged. 8vo. 890 pp. Cloth, \$5.00; Sheep, 6.00
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Contents.

	PAGE
ORIGINAL COMMUNICATIONS:—	
Tubercular and Simple Basilar Meningitis as Sequelæ of Typhoid Fever. By HUGO ENGEL, A.M., M.D.....	49
Neuralgia of the Testis. By GEO. HALSTED BOYLAND, A.M., M.D. 53	
Points of Medical Jurisprudence. By CHARLES H. A. ESLING....	54
EDITORIAL:—	
Salutem.....	56
BOOK REVIEWS:—	
Drugs that Enslave. By H. H. Kane, M.D., 58; Elements of Practical Medicine. By Alfred H. Carter, M.D., 58; Alcohol; its Place and Power. By James Miller. The Use and Abuse of Tobacco. By John Lizars, 59; Imperfect Hearing and the Hygiene of the Ear. By Laurence Turnbull, M.D., 59; Principles and Methods of Therapeutics. By Adolphe Gubler, M.D., 60; The Heart and its Function, 60; Clinical Lectures on Syphilis. By Fessenden N. Otis, M.D., 60; The Bacteria. By Antoine Magnin, M.D., 60; A Suggestion to Students on Diseases of the Kidneys, 60; Books Received.....	61
SELECTIONS AND ABSTRACTS:—	
The Special Uses of Iodoform.....	61
Chancroids.....	61
Nitrate of Silver for Worms.....	62
Constipation.....	62
Gonorrhœa.....	62
Morphia and Chloroform Combined, for Anæsthesia.....	62
Alcoholism a Predisposing Cause of Crime and Epilepsy.....	63
MISCELLANY.....	63
RECENT PUBLICATIONS.....	64

TUBERCULAR AND SIMPLE BASILAR
MENINGITIS AS SEQUELÆ OF
TYPHOID FEVER.

BY HUGO ENGEL, A.M., M.D., F.A., A.M.,
Late Physician to St. Mary's Hospital, etc.

Typhoid fever is always more or less endemic in certain localities of our city. Wherever the ground is frequently dug up for building purposes, in that neighborhood the Enteric Fever will soon become prevalent. We have, moreover, in our city, a considerable number of alleys and courts, into which the rays of the sun seldom penetrate for longer than a few minutes a day, if at all; where one large privy well—emptied only when the greatest necessity demands it, or the interference of the Board of Health is threatened—has to answer the purposes of the inhabitants of perhaps twenty and more small houses, and where disinfection is utterly unknown. These different causes combine to prevent typhoid fever from ever dying out in our city, and it is, therefore, no wonder that nearly every practicing physician here has, at certain seasons of the year, always some cases of “the” fever of the United States on his list.

I had the opportunity of observing a large number of cases in the neighborhood of the old depot of the Fifth & Sixth Sts. Passenger R. W. Co., where every year whole squares of new buildings spring up; in the courts near Poplar and Tenth streets; in Race, near Fifth, Sixth and Eighth streets, and around New Market and Callowhill streets; besides those which I had to attend while on duty in St. Mary's Hospital. Many of these typhoid fever cases happened in children, of whom no small number died of meningitis. This cannot astonish anybody, as in the localities mentioned only the poorer classes have their abode, and as there is no disease which so severely taxes the vital power of the individual affected as typhoid fever. In children, moreover, the nervous system suffers easily under any circumstances, and the fact that after having passed successfully through an attack of typhoid fever, these ill-nourished children should succumb to brain lesions, can appear to the observing physician only as the natural consequence of the so long impoverished and poisoned blood.

And so I thought. But what had the tubercular character of the malady to do with it? Are we not taught that to the sequelæ of typhoid fever belongs the development of hidden taints in the system, like tuberculosis; but that tubercles are not the consequence of bad hygienic conditions, but invariably inherited or directly produced by contagion? Why, then, was the *tubercular* meningitis found so frequently as a sequela of the fever in ill-nourished persons, who exhibited no evidence of a tubercular tendency? Or is the meningitis not a tubercular one, but an inflammation of the brain, especially of the membranes at the base, due to the impoverished and poisoned blood?

Such were my thoughts and my reasoning after I had seen a few children die of this sequela, which, I had been taught, was tubercular meningitis. The idea came into my mind that there were evidently two forms of this meningitis. A few post-mortem examinations served to confirm this view, and I took occasion, when publishing an article on a different subject,* to make a few remarks about my researches in this respect, to

* *Medical and Surgical Reporter*, article on “Cases with Accidental and Rare Complications.” July 24th, 1880.

elicit further observations. I have had altogether, now, eleven cases of death, and made five post-mortem examinations, and there exists in my mind not the slightest doubt as regards the fact that typhoid fever in children may be followed by two forms of meningitis: tubercular meningitis—due to a tubercular deposit, especially at the base, causing the inflammation, invariably fatal; and simple basilar meningitis—due to the bad condition of the blood, not necessarily fatal.

Before I give the differential diagnostic and other points of distinction between the two maladies, I will narrate, shortly, the history of three cases, illustrating what I wish to impress upon the reader.

A. V., a boy, four years old, lived with his mother in a court near New Market and Vine streets. His father had died of consumption. Nov. 2d, 1875, the boy was taken with fever. In due course of time every symptom and sign of typhoid fever made its appearance, even the eruption—mostly obscure or absent in children—being well marked. During the last week of November the patient seemed to be convalescing, when he, in the afternoon of the last day of the month, his temperature suddenly rising again, became restless and coughed. A little tympanitis reappeared, but no eruption and no diarrhoea, instead of which he was constipated and complained of headache. His tongue was slightly covered with a whitish coat; the eyes showed nothing abnormal; the pulse was rapid but compressible. These symptoms lasted about one week, when his fever became intermitting in character, and the pulse irregular, frequently omitting a beat. He was now most of the time delirious, uttered occasionally loud screams, and vomited several times a day, sometimes the contents of the stomach, and sometimes mucus, mixed occasionally with bile. The bowels continued very constipated, and it was with difficulty only, that they could be unloaded. December 11th, the muscles of the face began to twitch; his mother had observed squinting in the early morning, and toward night a slight convulsion set in. Vomiting now ceased, but the convulsions returned for a week longer, several times every day, gradually increasing in number and severity. All this time the little sufferer had a harassing, obstinate cough, and a few days before

his death the clearness on percussion had become decidedly impaired at both apices. December 19th he died.

The post-mortem examination showed the following condition, the head only being allowed to be opened: On the skull being removed, the eye was not struck by any special vascularity of the membranes. The arachnoid was dry and streaky, fluid was effused between it and the pia mater, in considerable quantity, and deposits of yellow lymph were observed here and there between the convolutions. At the base the arachnoid was very opaque, and lines of yellow lymph were noticed by the side of the blood-vessels. All over the membranes had a granular appearance, from small tubercular deposits of the size of a small pin's head, and especially about the pons and the optic nerves. The cavities were distended by fluid.

I. K., a girl, $5\frac{1}{2}$ years old, resided with her parents in a court running off Poplar, above Tenth street. The girl was attacked by typhoid fever, Sept. 7th, 1878. Her case, too, was a typical one. The number of stools averaged four daily, and the fever ran its usual course up to the fifteenth day, when hemorrhage of the intestines set in, which, although rather copious, was comparatively easily controlled. But the number of stools would not lessen after the accident, and the temperature did not go below $102\frac{1}{2}^{\circ}$ to 103° . Notwithstanding all treatment, the patient continued in this condition for two weeks longer. Her tongue was clean, she had none or very little appetite, and the discharges from the bowels were loose, and only showed occasionally a little more consistence. One day they would move perhaps twice, the next, six times, and then again twice, and so on. The thermometer in the axilla showed $102\frac{1}{2}^{\circ}$ to 103° , and generally there existed no difference between morning and evening temperature. The pulse was rapid and became somewhat tense shortly after the two weeks mentioned, about October 10th, but never irregular. She had a mild, but rather obstinate cough, and a physical examination revealed some hypostatic congestion of the lungs and catarrh of the larger bronchial tubes. The clear sound on percussion was not impaired, except perhaps very slightly posteriorly at the lower portion of the lungs, where mild hy-

postatic congestion existed. October 12th I was sent for hurriedly. The patient had vomited several times her milk and gruel, and even the small quantities of water she had taken during the night previous. Her appearance was decidedly changed. The face looked flushed, the eyes were slightly injected; the child tossed its head from side to side, and, evidently not recognizing anybody, moaned continuously. The temperature was $103\frac{1}{2}^{\circ}$. Notwithstanding the proper treatment, of which I shall speak later, the child continued in this condition four days. Her bowels were loose and the discharges frequent, without possessing the characteristic appearance of English pea soup and the fetid odor of those of typhoid fever any more; the cough was still the same; the pulse rapid and somewhat tense, but not irregular; and the moment anything was taken into the stomach, it was ejected again. Vomiting never took place except after partaking of food, solid or liquid. There was great restlessness and hyperæsthesia of the scalp, but no twitching of any muscle. The little patient became delirious towards night and slept not a minute. October 17th the child had two convulsions, after which it became drowsy and fell, towards evening, into a comatose state, which ended in death the next morning.

The post-mortem examination gave the following results: There was a great vascularity of all the blood-vessels; the arachnoid was very dry and sticky, and pieces of yellowish lymph were found in considerable number in the depressions between the convolutions. At the base the arachnoid was totally opaque and milky, and the pia mater similarly affected. Large masses of yellowish lymph were observed all over under the arachnoid; especially the fossæ for the olfactory nerves were totally filled up by them; in the fissures of Sylvius a large mass of them could be seen, forming a quasi bridge between the anterior and middle lobes, while near the pons the condition was very similar to that which has been so graphically described by West.* The gelatinous mass with

which the pia mater was infiltrated covered and filled nearly the whole posterior perforated space, and extended in front to the anterior perforated spaces, involving the optic commissure, the optic nerves, corpora albicantia and neighboring parts. The third and fourth pair of nerves could not be seen, except by removing this yellowish mass, which was tinged somewhat with a greenish hue. No tubercular deposits whatsoever were found. The lateral ventricles contained considerable more fluid than natural, and the brain matter itself imparted to the finger a decided feeling of softness. This cephalomalaria seemed to be more on the left side and to have affected the middle and posterior parts of the brain far more than the anterior part.

F. B., a little boy, four and a half years old, was brought to my office in the afternoon of July 2d, 1879. The boy looked drowsy, had a temperature of $101\frac{1}{2}^{\circ}$, a very red tongue and a rapid, compressible pulse. He was hardly able to stand on his feet, and his mother, who had had to carry him, told me that he had been ailing for over a week, been feverish, especially at night, and very wakeful. His bowels were loose, the stools frequent, large and offensive, about five daily during the last two days, and he would not eat anything. His abdomen was swollen and had three rose-colored spots on it; his spleen was enlarged, and some few dry râles could be heard over the posterior part of the chest. He had besides a mild cough. I ordered the little patient to bed, put him on a milk diet and mineral acids, with some quinia, and visited him regularly. The case proved an undoubted mild one of typhoid fever, running, without any accident, its usual course. July 18th I considered the child to be fully convalescing, and saw it only occasionally. In the evening of July 25th I was sent for. The boy had been, that day, contrary to my directions, out on the street, when he was brought in "looking very ill," as his mother said. He had eaten a piece of a pear, and vomited directly after partaking of it. I found his temperature 102° , skin hot and dry, his face flushed, the eyes injected, some cases no tubercular deposits were found; had he done so, it would have appeared plain to him that in one case the inflammation will be more general, as the blood is the cause and acts all over, and in the other more circumscribed, depending upon the deposits of the tubercles.

* *Vide* West's classical work "On Diseases of Children," 5th Amer. Ed., page 71 *et sequent.* I will here add that, undoubtedly, West had the idea that there were two forms of tuberc. meningitis, but the difference seemed to him to exist in the different affection of the ventricles. He evidently never thought of the fact, observed by himself, that in

and himself exceedingly restless. The abdomen was not swollen and had no spots on it. During the following night he became delirious, and the morning after he evidently did not recognize anybody any more. His bowels had moved twice during the night. The pulse was tenser than the day before, but regular. Milk, water, gruel, beef tea, were ejected immediately after being swallowed. I applied a blister over his head, one European leech on each temple, and gave him large doses of bromide of sodium (15 gr. t. d.) and of iodide of potassium (10 grs. *quaque quartâ hora*) and one drop of *tinctura radidis aconiti* each time with the iodide. "While the blister was raising, the boy suddenly stopped his moaning and restless moving of his head, his face seemed to clear up, he called 'mamma,' asked for a drink of water and swallowed it without having to vomit after it," was the report of his mother, when I saw him again early in the morning of the following day. Every cerebral symptom had disappeared, and a week afterward the little patient had fully entered on his now definite although slow convalescence.

From all the cases which came under my observation, I selected the three whose history I have given above, as much condensed as was consistent with my purpose. While the first one illustrated a typical case of tubercular meningitis, the last two gave us a picture of cases of simple basilar meningitis, one of them, the first, ending fatally, and the last one in recovery. All the other cases seen by me closely resembled those described above. From them it appears plainly that there exist two forms of basilar meningitis, which in children may follow typhoid fever. To make their differential diagnostic points clearer and more apparent, I prepared the following table:—

TUBERCULAR MENINGITIS.	SIMPLE BASILAR MENINGITIS.
------------------------	----------------------------

Onset gradual.

Temperature 102° to 103°, not continuous, but very irregular, falling sometimes for a day or so down to normal, or nearly so.

Pulse compressible, rapid, and, after first week, intermitting, losing occasionally a beat.

Face looks usually pale.

Beginning mostly abrupt.

Temperature 102° to 103½°; continues at that height throughout the disease; never sudden and great changes.

Pulse rapid and somewhat tense; always regular, except, perhaps, during agony of death.

Face flushed.

Eyes not injected; squinting towards end of disease; pupils uncertain, later dilated.

Tongue slightly coated.*

Vomiting frequent in the beginning; will appear by itself, not only after eating; ceases generally when convulsions begin, towards latter part of disease.

Bowels very constipated.

Cough harassing and obstinate; generally physical signs of tubercular deposits in the apices.

Convulsions appear at beginning of about last third of the ailment; may continue for one or more weeks, gradually increasing in number and severity as death approaches.

Duration about three weeks; may be much longer.

Prognosis: invariably fatal.

Post-mortem appearances: deposits of small tubercular bodies, mainly at the base of the brain; signs of inflammation of membranes, effusion of fluid, and formation of lymph; deposits in other parts of the body.

Eyes always injected, occasionally squinting; eyes apt to be very sensitive to light; pupils often contracted.

Tongue red.

Vomiting generally first symptom, and continues to the last; happens only immediately after eating.

Bowels not constipated; there is often diarrhoea.

Cough mild; mostly due to bronchial irritation; percussion clear.

Convulsions immediately before death, never continuing longer than a day, or at most, two, followed by a comatose condition.

Duration less than a week; sometimes only two to four days; never longer than seven.

Prognosis: grave, but not necessarily fatal.

Post-mortem appearances: never any granular deposits; signs of inflammation of arachnoid and pia mater, often severe, especially at the base; associated with abundant effusion and copious accumulation of lymph.

To group the symptoms of each disease more closely together: A child which has grown up under bad hygienic conditions, but not inherited a tubercular taint of the system, and living in crowded, badly ventilated localities, is attacked by typhoid fever. After passing happily through it, with his blood in an impoverished and partially still poisoned state, the little patient, having entered the stage of convalescence therefore, is suddenly attacked by vomiting after partaking of any fluid or solid food. His temperature rises again to 102° or 103½°, the face becomes flushed, the eye injected, the tongue red, the bowels continue loose, although the stools have lost the characteristic appearance of those of the enteric fever; the child becomes restless, tosses his head from side to side, is attacked within twenty-four hours by delirium, moans, recognizes nobody, continues to vomit, and has within a day or two, or three, or latest, by the fourth day, a convulsion, which is

* Da Costa. "Medical Diagnosis," 5th Ed., p. 131.

rapidly followed by a few more, which, if treatment is of no avail, end, within twenty-four or forty-eight hours, in coma and death.

Or, a child with a history of tuberculosis in the family, living and having passed its whole life, perhaps, under good hygienic conditions, is taken sick with typhoid fever. When the time for convalescence comes, and the abdominal symptoms have all disappeared, temperature and pulse do not go down; the child gets a more and more troublesome cough, complains of headache, its tongue is slightly coated, and the bowels are constipated. After these symptoms have continued for about a week, vomiting sets in, not only after eating, but by itself; fever and pulse become irregular; the abdomen is retracted, the child utters screams, its thoughts wander at night, and after five, six or more days a convulsion sets in. These convulsions increase daily in number and severity as long as the disease lasts, perhaps one or more weeks; with their appearance the vomiting ceases, squinting and twitchings of the muscles, especially of those of the face, are observed; the child loses its consciousness, and dies, at last, from mere exhaustion, frequently during a convulsion. Tubercular deposits take place in the lungs, and percussion over the apices elicits, therefore, a dull sound.

Now, in conclusion, a few words in regard to treatment. I am not aware of any remedy which will influence the tubercular variety in the least, except the bromides, to lessen the convulsions, and large doses of iodide of potassium, because Trousseau has recommended it. But the moment I suspect the approach of the simple variety, I put the child on large doses of the bromides and the iodide, get it as rapidly as possible under the influence of aconite; employing for this purpose the tinctura radice aconiti, abstract locally blood, and apply a blister over the whole scalp, shave off its hair, while I endeavor, at the same time, to keep up nutrition and even employ stimulants, if, after the treatment just given, the vital power seems to decline.

812 North Fifth street.

—There was a man in Indiana who paid a highly promising oculist ten dollars for so treating his eye that he could see as well by night as by day. The operation was perfectly successful; for now the man cannot see at all.

NEURALGIA OF THE TESTIS.

BY GEO. HALSTED BOYLAND, A.M., M.D.,

Late Surgeon French Army, etc.

The surgeon will, now and then, meet with a case that by careful diagnostic exclusion cannot be designated as either orchitis, epididymitis, or vaginalitis.

Neuralgia of the testis, in a strict sense, is characterized by irregular attacks of heavy, sticking, tearing, burning pains in the testicle; in one case that recently occurred in my practice, the symptoms stopped here, but in the more severe cases they are accompanied by nausea and vomiting, generally with spasmodic shortening of the cremaster, and consequent drawing up of the testicle, entirely independent of external influences. Nevertheless, there are cases in which, after oft repeated attacks, an extreme sensibility of the testis remains, so that palpation calls forth a fresh attack. The severity of single attacks can attain such a pitch as to throw the patient into a state of violent excitation, and cause him to be covered with perspiration, to dance about, shrieking. Almost always, neuralgia of the testis affects only one side.

Etiology.—This is a dark point. The spermatic nerves can be painfully excited at times from the periphery; at others, from the spinal marrow. In some instances, neuralgia of the testis has been produced by irradiation, during the passage of a renal calculus through the ureter, analogous to the cramp of the cremaster, more often observed in this condition. Such a neuralgia can seldom be traced to a chronic orchitis. The disturbance in the digestive organs, to which single attacks of the evil have been attributed, is probably only due to a similar cause, and to one at the same time remaining unknown.

Treatment.—From the foregoing it will be logical to deduce that our therapeutics cannot be what is technically called *rational*. In the irregular intermitting cases, good results have been obtained from the exhibition of quinine and Fowler's solution. In general, as in other neuralgias, quieting and strengthening medicines ought to be employed. The preparations of opium, hyoscyamus, aconite, and belladonna have been given inwardly and applied outwardly with doubtful re-

sults. I have found the following of great service:—

R. Tinct. cannabis indica, gtt. xl
Potass. brom., ʒij
Aqua destil., ad ʒiv. M.
SIG.—Tablespoonful every hour, until relieved.

Of course, the bowels must be kept open; for this, mild saline laxatives are best adapted. Dry heat, applied to the testicle on cloths, is a valuable adjuvant. The continued internal administration of iron is good treatment. So, also, with turpentine, especially in cases where it is undoubtedly a question of kidney trouble. The patience of the sufferer is often exhausted by the persistency of the evil, and he begs for castration. But this sacrifice of a healthy organ should be rejected, the more so, as the disease is always of a more or less constitutional nature; nevertheless, comparatively minor operations, such as ligature of the veins of the spermatic cord, and incision of the tunica albuginea, have been productive of remarkably favorable results.

POINTS OF MEDICAL JURISPRUDENCE.

No. I.

BY CHARLES H. A. ESLING.

The following article is proposed as the first of a series of essays intended for the columns of THE SPECIALIST, in which various topics of mutual interest to the medical and legal profession will be treated, exclusively from the standpoint of the latter; and we adopt, from among such topics, as our initiatory theme, the one most frequently mooted in our courts—legal responsibility in suicide—and shall, in a very brief analysis thereof, endeavor to confute, from law, reason, the teachings of theology, and historical precedents, any theory, as far as it may be sought to be advanced by the medical profession, of the total absence or extenuation of such responsibility from physical causes, except in the case of a manifestly diseased organization. Perhaps the best introduction to the subject will be to state the syllabus of a suppositive case.

A suit is brought by M. O. against an insurance company, to recover on a policy of insurance for \$10,000 on the life of her husband, J. O. The policy contains, as such policies usually do, a

proviso that "if the assured shall die by his own hands the policy shall be null and void."

The defendants prove that the assured killed himself, having shot himself through the head with a pistol. The plaintiff proves that at the time of the assured killing himself he was laboring under great mental excitement, and produces evidence to prove that he was actually insane.

The Court charges the jury that if they are satisfied that when J. O. committed the suicide he was insane, his suicide did not avoid the policy; or that if at the instant of the commission of the act his will was subordinated by an uncontrollable passion or emotion, causing him to do the act, it was an act of moral insanity, and did not avoid the policy. Verdict for plaintiff. The defendants below except, and assign as error the charge of the Court below.

Suicide is, as its name imports, self-destruction, either directly by the performance of the fatal act upon one's own person, or by procuring one's own death by indirect means. The distinction "by one's own hands" may imply either of these cases, since, manifestly, if the hands be not the physical agents with which the deed is performed, we can apply it in its metaphysical sense, viz.: by one's own *power, will, assent, or procurement*, the phrase "to have in hands" being, as Judge Sharswood remarked in a recent decision, equivalent in almost all modern languages "to hold the power or possession;" hence the common expression "His life is in his own hands" is always understood to refer to the power of self-destruction.

It is very clear, however, that the law, which delights in nice distinctions, recognizes the use of the phrase in both its applications for the clear definition of the terms of the contract, such as that under consideration. Now, we may safely admit that there is one exception to this rigid definition, not taking into account accidental suicides, since accidents are the very things against which people are assured; the instance, therefore, referred to is such an example as could hardly occur in our days, viz.: by authority of the law. Socrates, condemned to death, drank the hemlock from his own hand; yet he can legally be said not to have died by his own hand, but the hand of justice, his own hand being appro-

priated as the instrument of justice, his power of resistance gone, his will powerless, his assent withheld, his fate determined by the will of another; consequently dying neither by suicide nor his own hand. But if, on the other hand, a man throws himself from off a bridge, to escape the ills of life, the case is quite different, for it is clear that the means by which the power of self-destruction is exercised is the volition of the will. save only where the will is, through superior and uncontrollable, not *uncontrolled*, force, no longer a free agent, the most frequent instance of which is said to be insanity.

It is a matter of doubt, however, whether a suicide is not always more or less insane, in the sense that his will, which in a healthy state of mind would exercise itself in the most natural passion of the human breast, the prolongation of life, now spends itself in a mad attempt, contrary to natural reason and all law, *human* and divine.

How, in such a view, can special cases of insanity be made an excuse for the violation of a contract or the perpetration of a murder?

On the other hand, considering the subject in a restricted sense, it is doubtful if ninety cases out of a hundred of the so-called instances of insanity are really such; there being a premeditation, a fixedness of determination, and a coolness of deliberation, as evinced in the writing of farewell notes, statements of reasons for the dreadful act, recommendations of families to sympathetic friends, etc., etc., which argue but *weakly* for the presence of disease.

Perhaps we can solve the difficulty by supposing that the will is under the control of external forces, which have gained the mastery by negligence, crime, or defective moral training. In our day, Gullois, a celebrated French writer, does not hesitate to declare that the great cause of insanity in our times is Atheism.

But now let us see which of these conflicting theories is most tenable by sound reasoning and by the verdict of public opinion. And, first, were those so-called philosophers, who, in ancient times, as in our own, braved death only because they were too cowardly to face the ills of life, any more favored by the popular sentiment of their own unilluminated age on account of their almost excusable errors of judgment?

The *crime* of suicide, says a French writer, is so odious in all aspects that it is not surprising to learn that it has ever been held in the utmost execration by both civil and canonical legislation, and stigmatized by both with the most infamous punishments. The laws of Athens and Thebes branded with the seal of infamy the body of the suicide. Pagan Rome deprived it of religious burial; and in former days, in France, the corpse of the suicide was dragged by horses on a rack; not, of course, as a penal, but a monitory act. We all know, or ought to know, the unmeasured terms in which Blackstone shows the regard of the common law of England on this subject; Blackstone's Commentaries, book iv, star page 189. And we read, too, in the canon law, the following passage:—

"If any one voluntarily, by fire, by poison, by leaping, by hanging, or in any other manner, give himself to death, we will there should be absolutely no commemoration of him in the oblation of the Holy Sacrifice, and that no one shall bear his body, amid the chanting of psalms, to the place of sepulture."

The English Ecclesiastical Order book, under the title "Suicide," contains a similar provision, *verbis mutatis*, and a learned commentator on the above canon says: "Is it necessary to expose the motives of a law which justifies itself?"

To be continued.

—M. Fournier, in his lectures on the treatment of scabies, gives the following prescription for an ointment, to be preferred to that of Helmerich, which often proves too irritating:—

R. Sodæ carbonat,	℥ iss
Sulphur. sublim.,	℥ iij
Tragacanth. gum.,	gr xv
Glycerinæ,	℥ vj. M.

The preliminary friction with black soap (St. Louis Hospital mode) may be replaced by prolonged frictions with the ordinary toilet soap; the ointment should then be very freely applied over the whole surface of the body, well rubbed in and allowed to remain, the patient putting on his ordinary under clothing, so that any animalcules contained therein may be destroyed at the same time.—*Med. and Surg. Reporter.*

The American Specialist.

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PRESLEY BLAKISTON,
1012 Walnut Street, Philadelphia.

PHILADELPHIA, APRIL 1, 1881.

SALUTEM.

Exit the old, enter the new editor. We make our editorial bow to the readers of the SPECIALIST, take our oath of fidelity to their interests and the welfare of the journal, and proceed, as is customary in all installations, to deliver our inaugural; and our address shall be an exposition of the origin, platform and purposes of the AMERICAN SPECIALIST. In September, 1880, there appeared in London a medical journal called the *Specialist*. Its pages were devoted to the dissemination of knowledge on the so-called special branches. In October, 1880, there appeared on the journalistic horizon an American brother to this English birth, called the *Specialist and Intelligencer*, devoted, as its title page indicated, to the same interests as its confrere of England. It was received with favor and gladly welcomed into the circles of journalism, partly because of the extensive reputation of its publisher, partly because of its neat and prepossessing appearance, but principally because it was the first journal of its kind that had appeared in this country, and we all felt that a long-existing void had now been filled. When three months old it was deemed proper to alter its name, and our young journalistic baby was robbed of one-half of its title and received a cognomen more suited in brevity to its youth, and more appropriate, as expressing in two words the nature of the

journal and its nationality. So with the new year there appeared the first number of the AMERICAN SPECIALIST. As we have said, this is the first journal published in this country devoted to the condensation and dissemination of knowledge on the special branches of medical practice. Therefore, let us now see the purpose for which this journal was founded. The special branches of medical practice are in this country daily assuming more and more importance. Journals have sprung up devoted to these specialties. Thus we have a journal devoted to Otology, a journal for Ophthalmology, and so on. Large and exhaustive works have been and are being written on these different special subjects. Gentlemen of ability, and hard workers, are continually investigating and adding much to the already voluminous knowledge of these special subjects. Certain physicians devote all their time and energy to increasing this special knowledge, and, as a result, the combined information on these different subjects would be altogether too extensive to be absorbed by any one mind. At the same time that these giant strides are being made in special medicine, the old fashioned general practitioner is still in existence: indeed, outside of large cities specialists are unknown, and the country doctor or physician of a small city or village, and even many in our largest cities, are, as they were half a century ago, *general* practitioners of medicine and surgery. To such this journal is more particularly useful; indeed, indispensable. It would be utterly impossible for them to even read, much less remember, all the special literature. It would be a heavy and insupportable drain on their purses if they were compelled to subscribe to all the *special journals* and buy all the *special works*, and yet the knowledge contained in these journals and works is not only of interest to them, but it is absolutely necessary to the successful practice of their profession. Without it, they are rusty, and behind the age; with it, they can treat many

of the so-called special diseases with as much intelligence and success as the far-famed specialists themselves. To furnish this special information to the general practitioner, this journal was founded; to increase such knowledge, is its mission, and to fulfill this mission shall be the pleasant duty of its new editor. As indicated on its title-page, this journal is devoted to certain special subjects and to other points of interest to the general practitioner. The editor has always felt that the majority of the medical profession were sadly wanting in knowledge of medical jurisprudence. This important subject does not enter into the curriculum of the regular winter course in our medical colleges. It is taught, it is true, in the spring, or auxiliary course, but what a small proportion of students attend this course! We could cite one case, where a distinguished physician was very near experiencing serious trouble from want of knowledge on this subject. With this idea in view, we have felt that it would at least interest, if it did not instruct, our readers, to have some articles on medical jurisprudence. We shall secure original articles of interest, from gentlemen of authority. We will use judgment and great care in selecting from our various and numerous exchanges items on special practice, which shall seem of especial interest to the general practitioner, and all new methods of treatment and new remedies which have proven beneficial in special cases shall be made known. Current medical news of interest will be found in our columns. A special feature of our editorship shall be book reviews. We shall make our criticisms regardless of fear or favor. We shall endeavor to make our review columns a faithful mirror of a book's merits; so that a physician contemplating the purchase of any volume, may, by reference to our reviews, decide whether it is worth the outlay. The conduct of the journal will not be dogmatic in any respect, but liberal in all. Every effort shall be made to keep pace with the improvements

of special knowledge, so that the country practitioner and the busy city doctor may find in our columns such useful information as shall keep him abreast of the times, even though he may not have money or time to procure and read the accumulating information on these special branches more in extenso. We shall endeavor each month to select and editorially discuss some subject of general interest, viewing whatever we may select with an unbiased and impartial eye. We shall be glad to receive contributions in the shape of original articles, reports of interesting lectures, clinical or didactic; reports of society meetings, suggestions, queries, and anything which may seem to possess a special interest to our profession. All will be eagerly welcomed. All are promised a hearty and unprejudiced reception and consideration. In a word, it is the earnest and united desire of the publisher and editor to make this *the* special journal of America. The editor has felt it proper and pleasant to utilize his first SPECIALIST editorial as a letter of introduction to his readers. Your old friend, our former excellent editor, has said farewell, and retired from his editorial chair. The new editor comes upon the stage. The friends of the SPECIALIST wonder what fruit will bud forth from the new soil. What effect will this change have upon the future of the journal? From the President of the United States down to the very bottom of the ladder, it is customary for each presiding officer of any body to deliver an address upon his installation into office, and therein to map out his future course. Not to be out of fashion, the new editor, in coming to preside over the destiny of the AMERICAN SPECIALIST, has deemed it proper to do likewise. He has mapped out for his readers the course he will pursue in his conduct of the journal, and trusts it may meet their approbation and approval. The friends of the journal the editor desires to be his friends; and to them, one and all, he now introduces himself, and sincerely trusts that from

the appearance of this April number will date a friendship between the readers of this journal and its editor which may have a harmonious and unbroken existence of many, many years. He pledges himself to leave no effort untried to serve them. To have his literary bill of fare promptly ready once a month, and to serve a literary meal fully equal to the *ménu*. The editor extends his good will and kind feelings to every one. He begins his connection with this journal hampered by no prejudices, and fettered by no obligations of favor or malice. His heart and soul are in his labors; his mind is full of kind feeling and good will to all his brother editors, and he sincerely and fervently trusts that when his time shall come he may retire from the editorial chair without the ill will of even the most insignificant of them. Therefore, one and all, we greet you; we are glad to make your acquaintance; and we hope our intimacy, now begun, may continue indefinitely, and redound to our mutual pleasure and benefit.

BOOK REVIEWS.

DRUGS THAT ENSLAVE; The Opium, Morphine, Chloral and Hashisch Habits. By H. H. Kane, M.D., New York. Philadelphia: Presley Blakiston, 1881. pp. 224. Price \$1.50.

The author has here given to the medical profession and the general public a work which, if carefully perused and its instructions heeded and acted upon, will prove of immense benefit to mankind. The work shows a great amount of labor and research, which should amply justify the author in considering himself competent to speak on the subjects of which he treats. Thus, in collecting information for his remarks on chloral alone, he had prepared and mailed ten thousand circulars to physicians in various parts of the world, asking for the results of their experience in the use of this drug. In the beginning of his book he tells us that "in one of our large cities, containing, twenty-five years ago, a population of 57,000, the sales of opium and morphia reached 350 pounds and 375 ounces, respectively, or about 43 grains of opium and 3 grains of morphia, yearly, for each individual, if the consumption was averaged. The population is now 91,000, and 3500 pounds of opium and 5500 ounces of morphia are

sold annually. While the population has increased 59 per cent., the sale of opium has increased 900 per cent. and morphia 1100." This one statement is conclusive proof of the enormous increase in the amount of these drugs consumed by the general public without professional advice; for surely their legitimate use has not increased in the same proportion. No one who reads the author's vivid description of the existence of an opium eater, on page 19, can help but look on this soul-destroying habit with the utmost loathing. The danger of puncturing veins when using the hypodermic syringe, and of injecting the drug directly into the circulation, the serious results which have followed such a misfortune, as well as the precautions necessary to avoid this accident, are pointed out, and on page 100 the author says: "I am firmly convinced that no physician should be held free from blame in case of accident, where he has not had a ligature or tape loosely encircling the arm above the point of puncture. At the first intimation of danger this should be pulled tight and kept so for several hours, being loosened gradually, thus permitting but a gradual entrance of the drug into the general circulation." He gives a favorable prognosis in these cases of opium and chloral habit when the patient can be removed from his home and placed in an institution, where he can be kept under strict supervision. We could say much more about this valuable book, but want of space prevents. We recommend it heartily to the profession, who will gain much valuable information from its perusal, and to the general public, some of whom may be restrained from falling into these loathsome habits when they clearly understand the inevitably horrible results which they entail. To the author we would suggest in his next edition a chapter on the unadvised use of chloroform by the laity. This practice, now not infrequent, we believe to be on the increase.

ELEMENTS OF PRACTICAL MEDICINE. By Alfred H. Carter, M.D., London. Philadelphia: Presley Blakiston, 1881. Price.

This book carries on its title page the name of a justly prominent gentleman as its author, and therefore must be as trustworthy as other books of its class. But with all due deference to its distinguished author, we are forced to express a doubt as to the value of these compendiums. The majority of men in this world are desirous of attaining any particular end they may have in view with as little labor as possible; they desire a royal road to learning, as they do to wealth. Hence they greedily devour these elementary works and compendiums, and with but an elementary knowledge of their subject, consider themselves, and in many cases, unfortunately, are deemed

by the examining faculty, capable of being intrusted with the grave responsibility of health and life. Could the reading of these books be restricted to the busy practitioner who desires to refresh his memory on some disease with which he has probably had but little acquaintance, they would be valuable indeed; but unfortunately such is not the rule. They generally fall into the hands of lazy students, too indolent to thoroughly master the groundwork of their chosen profession, hence their professional foundation is weak, and as a result all their after reading and work is but imperfectly assimilated and understood, because they have but an imperfect understanding of the fundamental principles upon which this work is based. If a man lays a weak and hurried foundation for his house, the superstructure, let it be ever so costly and so handsome, will not be satisfactory, because of the imperfect foundation. So with this hurried medical education, the defects and deficiencies of which will, throughout after life, be always painful and embarrassing to the physician, when he realizes, too late, the mistake he has made. These compendiums, again, may be useful to the thorough student, who has laid a careful and substantial foundation, and who just before his final examination becomes nervous and anxious as to the result, as all good students are especially likely to do, and feels desirous of reviewing his studies before presenting himself to the faculty, but appalled at the magnitude of the undertaking, he gives up in despair and works himself into a condition of nervousness, which renders him unable to impart what he really knows. To such a one this book before us will prove a godsend. With its aid he can refresh his memory, in a short time, upon many of his studies, and acquire a degree of confidence in his own acquirements, which will help much to cause him to pass a successful examination. Therefore, in their proper sphere, elementary works are valuable and useful, and none more so than this book of Dr. Carter's.

ALCOHOL; ITS PLACE AND POWER. By James Miller.

THE USE AND ABUSE OF TOBACCO. By John Lizars. Two volumes in one. Philadelphia: Lindsay & Blakiston, 1881. Price \$1.

A most excellent volume, by eminent authority on two much mooted and thoroughly discussed subjects. The book on alcohol was written at the request of the Scottish Temperance League, and of course favors the side of temperance, as every sensible man must. The book on Tobacco is by John Lizars, late Professor of Surgery to the Royal College of Surgeons, and lately Senior Operating Surgeon to the Royal Infirmary of Edinburgh. Any one interested in the temperance question and opposed to the use of

Tobacco, would do well to read this volume, for he will here find many valuable arguments for his side of the debate. We have carefully perused the volume, and can truthfully recommend it as one of the very best of the numerous works on these allied subjects that has been written of late years, and we have made it a point to read all such volumes that we could find, being deeply interested in the subject ourselves. The large demand for this work, which has necessitated the issuing of several editions, proves, conclusively, that we are not alone in the high estimation which we entertain of its value.

IMPERFECT HEARING AND THE HYGIENE OF THE Ear, Nervous Symptoms. With Home Instruction of the Deaf. By Laurence Turnbull, M.D. PH.G., Aural Surgeon to the Jefferson Medical College Hospital, etc. Third Edition. With illustrations. Philadelphia: J. B. Lippincott & Co., 1881. Large 8vo. pp. 169. Cloth. \$2.50.

The author of this book states in his preface that as the work has been out of print for some years, and a constant desire has been expressed for it, he has felt it to be a pleasant task to publish this, the third edition. He has been favored with unusual facilities in bringing his studies on the subject up to the latest knowledge, by a visit to Europe, and while there, acting as president to the sub-section of Otology, of the British Medical Association, at its meeting at Cork; and later, August, 1879, as a member of the Otological Section at Amsterdam, in which capacity he availed himself of every opportunity of collecting and comparing views with the most distinguished men of Europe as regards diagnosis, prognosis, and success in the treatment of these most obscure affections of the ear. He has also on his return compared those views with those of the able men of this country, while acting as chairman of the Section of Ophthalmology, Otology, and Laryngology, at the meeting of the American Medical Association, which was held in New York City, June, 1880.

Physiological acoustics, with the anatomy, physiology and pathology of the ear, and its diseases, now receive that attention which from the merits of the subject they demand. This fact is principally due to the labors of German (Austrian), English and American Otologists. At the several Congresses which have been recently held in Europe, otology has been as fully recognized as ophthalmology, and in 1876, at the International Medical Congress held in this city, it was first created a full section. At the last two meetings of the American Medical Association, otology was united with ophthalmology and laryngology. In the year 1880 it was first placed upon an independent footing at the meeting of the British Medical Association, and at the meeting of the International Medica

Congress to be held this coming August, in London, under section X, the subject of otology is announced. It has also been fully recognized as it is now taught at most of our Medical Colleges throughout the United States. No one in this country, since the death of Dr. Clark, of Boston, has done so much to further these changes as has the author of this work before us, as he has devoted the last twenty-five years to otology, worked faithfully in its every department, and written much and well, especially for the benefit of the general practitioner.

PRINCIPLES AND METHODS OF THERAPEUTICS. By Adolphe Gubler, M.D. Translated from the French by M. J. Halloran, M. D., and Mr. Charles A. Poizat. Philadelphia: D. G. Brinton. Price \$4.00.

This work is unique. Unlike the usual run of works on therapeutics, it does not aim simply to state the different effects produced by the various remedial agents, but, pursuing the study much more deeply, the author endeavors to demonstrate, mainly by means of his own experience and research, the intimate action of the various drugs on the different portions of the economy, and to show how and why these effects are produced. It is a book of immense value to the educated physician, who desires to know more than the simple fact that a certain drug will produce certain effects, and whose inquiring mind has often suggested to him the question: "How are these effects produced; why does one medicine seek out the nervous system, another the heart, a third act as an alterative, and so on? In this volume he will find his question answered, to the best of human ability. The author's explanation of the action of alteratives is particularly interesting. Professor Gubler was a worthy disciple of the great Trousseau, and the opinions given in this work bear the stamp of high and undoubted authority.

The sketch "of Professor Gubler in the beginning of the book is well worth reading, showing how, in spite of numerous obstacles, this poor boy, by the sheer force of perseverance in labor, rose, step by step, not by mere chance, but working hard for each elevation which he gained, until he finally became one of the leaders of the Paris School of Medicine. This sketch will serve as a good example to be followed by some of our recent graduates.

THE HEART AND ITS FUNCTION. New York: D. Appleton & Co., 1881. Price 40 cents.

When we saw this little book we expected to be disappointed, and when we read it we were disappointed, but *agreeably so*. After the excellent series of Health Primers issued by Mr. Presley Blakiston, we felt that a venture in the same direction would be not only unnecessary, but tiresome. On the contrary,

the author, whose name is not given, has presented to us a very instructive and readable book, a little too technical in some parts, for popular use, but on the whole very pleasant and acceptable. Its perusal will give comfort to the many persons who *imagine* they have heart disease. We cannot speak for the series of which this constitutes a part, as this is the only one we have seen.

CLINICAL LECTURES ON THE PHYSIOLOGICAL PATHOLOGY AND TREATMENT OF SYPHILIS. By Fessenden N. Otis, M.D., etc. New York: G. P. Putnam's Sons, 1880. Large 8vo. pp. 116. Price \$1.75.

These lectures have already appeared in the columns of the *Boston Medical and Surgical Journal*, but it is well that they have been gathered up into a book and put in a shape that renders them easy to be referred to by students of this important disease. They are marked by the thoroughness and accuracy which are necessary in considering the nature and treatment of syphilis; and while all that the author believes is not yet accepted by all syphilographers, his work is likely to add to the number who share his views.

THE BACTERIA. By Dr. Antoine Magnin. Translated by George M. Sternberg, M.D., Surgeon U. S. Army. Boston: Little, Brown & Co., 1880. 8vo. pp. 227. With plates. Price \$2.50.

Dr. Sternberg has done a material service to all scientific men in translating this admirable work, while his addition of many drawings and micro-photographs has greatly increased its original value. As it now stands, the book is one which we are very glad to find on our shelves, and can strongly commend to our readers who desire to learn just what is now known about bacteria.

A SUGGESTION TO STUDENTS OF DISEASES OF THE KIDNEYS.

In his work on "Drugs that Enslave" Dr. H. H. Kane, of New York, has demonstrated the power of the opium habit to produce albumen in the urine. He shows its use to act injuriously on the nervous system, especially the vaso-motor nerves. The albumen in the urine indicates an excess of blood in the renal vessels, the first stage of inflammation of the kidneys. Dr. Black, of Edinburgh, says Bright's Disease is essentially an inflammation of the kidneys. Professor Da Costa and Dr. Longstreth have demonstrated the nearly constant occurrence of a diseased condition of the renal ganglia in cases of Bright's Disease. Dr. Kane shows conclusively that the popular use of opium and morphia has increased to a very great extent during the last twenty-five years, and the editor of this journal thinks he has proved

(in his little work on this disease) that Bright's Disease has very much increased in frequency of late years. Putting these facts together, do they not suggest to those gentlemen who make a special study of renal diseases the propriety of inquiring into the relation of cause and effect between the increasing prevalence of the opium habit and the growing fatality from Bright's Disease?—(EDITOR.)

BOOKS RECEIVED.

—"Imperfect Hearing and the Hygiene of the Ear." By Laurence Turnbull, M.D. PH.G. Philadelphia. J. B. Lippincott & Co., 1881.

—"Drugs that Enslave." By H. H. Kane, M.D. Philadelphia. Presley Blakiston, 1881.

—"Elements of Practical Medicine." By Alfred H. Carter, M.D. Philadelphia. Presley Blakiston, 1881.

—"Alcohol, its Place and Power." By James Miller. "The Use and Abuse of Tobacco." By John Lizars. Two volumes in one. Philadelphia. Lindsay & Blakiston, 1881.

—"The Heart and its Function." New York. D. Appleton & Co., 1881.

—"Principles and Methods of Therapeutics." By Alphonse Gubler, M.D. Philadelphia. D. G. Brinton, 1881.

—"Syphilis and Marriage." By Alfred Fournier, translated by P. Albert Morrow, M.D. New York. D. Appleton & Co., 1881.

—"Diagram of the Nerves of the Human Body." By William Henry Flower, F.R.S. Philadelphia. Presley Blakiston, 1881.

—"Pharmacopœia of the Hospital for Diseases of the Throat." Edited by Morell Mackenzie, M.D. Philadelphia. Presley Blakiston, 1881.

Selections and Abstracts.

THE SPECIAL USES OF IODOFORM.—Dr. H. C. Howard, Champaign, Ill., recommends the use of Iodoform (*The Physician's and Surgeon's Investigator*, Buffalo, N. Y.), in the following cases, to wit: chancre and chancroid, herpes circinata, herpes zoster, and herpes of the prepuce, granulated lids and gonorrhœa in the male.

In chancre and chancroids he directs as follows: "Take of iodoform one hundred parts, sugar of milk, two hundred parts, thymol one part. Let the above be thoroughly mixed and reduced to an impalpable powder. The glands and prepuce must be thoroughly clean and dry. Then pack the ulcerated surfaces full with this powder, dust it over the surrounding parts, and secure it with a light bandage. Repeat the application as often as the parts become moist from new discharges. Ordinarily about three applications will be required every day, for the first two or three days; then as healing continues they may be repeated less frequently." In the various forms of

herpes he uses the following: "Dissolve one drachm of iodoform in one half ounce of the oil of eucalyptus, and paint the diseased surface with this solution. Two or three applications will usually effect a cure." In granulated lids "Apply iodoform and sugar of milk, one part to five parts, directly to the everted lids, with a soft brush. This occasions no smarting or pain, and often cures cases of months' standing in two or three weeks." In gonorrhœa he uses the iodoform in suppository form, as follows: "Mix one half drachm of finely powdered iodoform with one ounce of the butter of cocoa. This may be kept in a shallow ointment jar. I have a thin silver tube, about one-fifth inch in diameter, with a closely fitting piston. This tube is about eight inches long. When a suppository is needed, I retract the plunger or piston to a point from the distal extremity of the tube, corresponding to the length of the required suppository. Then fill the lower open end of the tube by plunging it again and again forcibly into the jar containing the material for the suppository, and packing it solid by downward pressure of the piston. Then I apply the suppository by passing the end of the tube into the urethra, and force it out by pushing in the piston, taking care to pass the suppository above the inflamed part. This treatment of gonorrhœa I have used for nearly two years, and can testify to its great efficacy; it is a suitable substitute for injections, and is more sure in its effects."—(*Chicago Medical Review*.)

CHANCROIDS.—"Here is a patient whom I have not seen before, but on looking at his penis, we see evidences of destructive action on the glans and back of it; the frænum is destroyed. Now, I should judge, from the appearance of this, that we have here chancroid. Chancroid, you know, is distinguished by its ulcerative action. Without ulceration there is no chancroid; without proliferation there is no chancre. So there is the difference between the two. The one is a process of growth, and the other a process of destruction, wherever you find them. Although we find the initial lesion of syphilis, the so-called chancre, sometimes presenting as an ulcer, yet this is not a necessity, and the ulcer is the result of an accident. In chancroid, however, ulceration is a necessity, for without ulceration there is no chancroid. Now, we should expect that this sore appeared within a few days after connection. How long after connection did you notice this? "Three weeks." Now, when we have exposure of the surface to chancroidal material, we expect to hear from it within from three to five days. That is a diagnostic point; but the chancroidal material is sometimes deposited

upon the folds of healthy mucous membrane, and it may take a little time, according to the amount of moisture of the part, for it to penetrate through the epithelium so as to get through the deeper parts. It very seldom requires as long a time as this patient mentions, three weeks; but where it is deposited upon an abraded surface the destructive action commences at once, and attracts the attention of the patient within three, four, or five days. But in this case it came on three weeks after his last connection, he tells us, and was about the size of the head of a pin when he first noticed it. Follicular chancroid sometimes occurs in this way, the material being absorbed by a follicle, and remaining there, until after eight or ten days; a little swelling takes place, and then a pustule comes on the surface; you may see the little swelling under the mucous membrane for a day or two before the pustule forms. Some years ago I had an opportunity of watching some such cases, and published my observations, stating that the material is sometimes absorbed by a follicle, where there is no breach of surface, and after a time, on account of the slow action which follows it, it becomes apparent. This leads me to say that there is a great variety of the chancroidal poison, so called; that is to say, the degree of its activity varies greatly in different cases, in some being very rapid and virulent, in others much less so. Now, there is no induration here whatever, corresponding to that which occurs in syphilitic induration. In the latter there is an accumulation of cells, which results in induration, and we consider that characteristic. We make the diagnosis in considerable measure by the presence or absence of the induration, independently of the time which has elapsed from the date of contagion; although there is no induration here, the sore having all the appearance of a chancroidal ulcer, the great length of time which elapsed between the date of connection and the appearance of the sore should lead us to examine carefully for any signs of syphilis. There is no swelling in the glands of his groin. Before making up our minds positively that signs of syphilis will not yet make their appearance, we should wait until the longest time required for syphilitic induration to take place after connection has elapsed; this is about forty days, though it is true one case has been reported where it was seventy days."—(*Clinic of Fessenden Nott Otis, M.D., New York, Nashville Journal of Medicine and Surgery, March, 1881.*)

NITRATE OF SILVER FOR WORMS.—Dr. M. P. Greensword (*Medical Summary*) was accidentally led to regard nitrate of silver as a remedy for worms.

Further use of this drug has convinced him that it is one of the most potent agents we have for the destruction and expulsion of worms. He gives a teaspoonful three times a day, of a solution of five grains of nitrate silver in six ounces of rain water.

CONSTIPATION.—Dr. S. H. Price (*Medical Brief, March, 1881*) says the following combination has never failed to relieve constipation, in his experience, when the person is otherwise healthy:—

R.	Ext. cascara sagrada, fl.,	f. 3 j	
	Tr. nuc. vom.,	f. 3 ij	
	Ext. belladon., fl.,	f. 3 ss	
	Glycerine,	f. 3 j.	M.

SIG.—Teaspoonful night and morning, as necessary.

He has used this in all ages, from the three weeks' infant to the octogenarian, changing dose to suit age.

GONORRHOEA.—Dr. A. V. Banes (*Medical Brief*) has found the following injection, used four or five times after urinating, very valuable in the sub-acute stage of gonorrhœa:—

R.	Plumbi acetat.,	3 j	
	Zinci acetat.,	3 j	
	Morph. acetat.,	3 j	
	Acid acetic,	f. 3 ss	
	Aquæ,	f. 3 vj.	M.

With this he gives, internally—

R.	Potass. bicarb.,	3 iij	
	Aq. dest.,	f. 3 j	
	Tr. columb.,	f. 3 v.	M.

SIG.—Dessertspoonful four or five times daily.

MORPHIA AND CHLOROFORM COMBINED, FOR ANÆSTHESIA.—Dr. Alex. Crombie, of Bengal, urges, in *The Practitioner*, December, 1880, the administration of chloroform by inhalation, and, as soon as slight insensibility is produced, the hypodermic injection of about one-sixth of a grain of muriate of morphia. His experience has been that, by this method, prolonged anæsthesia is produced with an extremely small quantity of chloroform. Vomiting and asphyxia he thinks are much less likely to occur than when chloroform alone is used, and the fact that insensibility is maintained for some time without the inhalation of chloroform makes this plan specially valuable in operations about the face.

He recommends, also, a method for keeping open the passage to the larynx, which, though not new, is not so well known as it should be, for it is of great practical value. This consists in thrusting forward the lower jaw, by pressure against the ascending

rami, until the lower teeth overlap the upper. By so doing, the tongue and hyoid bone are dragged forward more effectually than by the plan of pulling the tongue forward.

ALCOHOLISM A PREDISPOSING CAUSE OF CRIME AND EPILEPSY.—In a recent number of the journal with the awkward title, "*Brain*," Dr. Clarke has published some tables of statistics, which lead him to the conclusion that "alcoholism of parents is a predisposing cause of crime and epilepsy in their children. Forty-four per cent. of the epileptic criminals were the children of drunken parents. The proportion of epileptic and insane relatives is found to be very much greater with criminals than with ordinary epileptics. The convictions for bastardy are three times as numerous among epileptics as among non-epileptics. The statistics show that the amount of crime, as indicated by the number of convictions, is greater among epileptics than among ordinary criminals.

—Dr. Chas. S. Turnbull recommends pure vaseline to all wearers and fitters of artificial eyes. It is infinitely superior to pure water, oils, or unguents, as a lubricant, not only for daily use, but also for facilitating the tedious and irritating process of fitting and matching. It lessens wear and tear. It allays the burning sensation so often experienced toward night. It is of particular value in preventing the drying of mucus upon the surface of the eye, an occurrence most annoying to wearers, as well as to their surgeons; and last, but not least, it serves as a convenient and desirable vehicle for the application of anodyne or astringent remedies.

It should be applied once or twice daily, according to the employment of the wearer, and by mechanics, mill hands, persons working out of doors, or in dusty or dry atmospheres, has been found of more than ordinary value.

Miscellany.

—On the 22d of February the University of Pennsylvania inaugurated a new era in its venerable and honorable history, which, should the central figure in this new departure be spared to it, will in a very few years cause this seat of learning to take its proper position among the great universities of our land; that is to say, second to none. On that day Dr. William Pepper, Clinical Professor of Medicine in the University, and one of the most earnest and indefatigable workers in the country, was installed as Provost. In the Academy of Music, in the presence of an immense throng of distinguished persons, the Governor of Pennsylvania, as ex-officio President of

the Board of Trustees, conferred this great honor upon the gentleman to whom this board had seen fit to entrust the welfare of one of the oldest educational institutions in America. In his inaugural address the new Provost foreshadowed his future administration. He wants money for his university, and he means to get it. To will a thing is to do it with Dr. Pepper. Already he has done a great deal for the institution, but this will be more than eclipsed by his efforts in the future. He is a man of tireless energy and persuasive ability. He means to place the old university in the front rank, and if he lives long enough he will do it. Young, active, energetic and ambitious, Dr. Pepper is the very man to remove the fossilized mould of inactivity and stagnation which has so long hung like a funeral pall over our Alma Mater, and transfusing new life into its administration, cause it to shoot forward, meteor like, to its proper position in the land. Its distinguished and learned professors will no longer be known as teachers in a semi-vitalized school, but will be honored and respected the world over as instructors in the greatest university of America. The Alumni and friends of the university all over the land may rejoice at this action of its trustees. Should they return here ten years hence, they will find changes so great as to render their old educational home scarcely recognizable.

—At a meeting of the American Institute of Architects, held in Philadelphia, Nov. 18, 1880, Frederick Tudor, C. E., of Boston, read an interesting paper on Heating and Ventilation, in the course of which he expressed the following opinions:—"In dwelling houses there ought to be outlets at the ceiling level to take off the gases of combustion from lamps and burners, and allow the heated air to escape. I think it better to provide small outlets and leave them permanently open, and where they can be seen and managed. The kitchen ought to have a large ventilating flue, 12 by 12 or 16 inches, arranged in connection with a hood over the range. The accumulation of heat in kitchens is always in excess of what is needed to keep the room comfortable; consequently the occupants will open the windows, the fresh air wafting, along with it, through the house the odors from the range.

"As for the water-closets, the most rabid sanitarians would have them excluded from houses altogether, or, at least, placed in detached wings, with abundant supplies of fresh air. That is not always a good plan. I think it is a better arrangement to place them in the very middle of the house, with no special supply of air except what is borrowed from the halls and corridors. Provide them with well-arranged outlet flues, and you will have a movement of air from the house toward the closets; they will form, as it were, part of the outlet shafts or foul-air ducts, as they are sometimes called. If a house is well ventilated, the air thrown away can hardly be called foul, however. It is only so by comparison with very pure air."

—Apropos of the use of Chian turpentine in the treatment of cancer, we have something of interest to tell the medical profession, providing our information be correct. Having a case of cancer of the stomach which was approaching a fatal termination, we resolved to make a trial of Chian turpentine. Upon making application to one of our leading druggists for some of the drug, we were informed that none of

the pure article was obtainable in the United States; that all of the so-called Chian turpentine offered for sale in this market, at five dollars an ounce, was spurious, most of it in reality being nothing but our native American turpentine. He had in his possession a small piece of the genuine article, about the size of a bird's egg (not for sale), which belonged to Parke, Davis & Co., of Detroit, and which they valued at fifty dollars, claiming it to be the only specimen of the genuine article in the United States.

—The 22d of February was a most appropriate day for Dr. Pepper's inauguration as Provost. Washington's birth was the forerunner of an important change in the destiny of our country, and Dr. Pepper's installation is the forerunner of many important changes in one of our oldest institutions.

—The Trustees of the University of Pennsylvania have so modified the duties of the new Provost as to make him practically the President of the Board.

—Provost Pepper's first official act, immediately after his installation, was the conferring of the degree of Doctor of Laws upon President Garfield.

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*Any books in this list sent postpaid on receipt of price by the publisher of THE AMERICAN SPECIALIST.

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Contents.

ORIGINAL COMMUNICATIONS:—

- On Extra-genital Chancres. By F. R. STURGIS, M.D. 65
 The Consequences of Neglect in Eye Diseases. By C. H. BROWN, M.D. 67
 Points of Medical Jurisprudence. By CHARLES H. A. ESLING... 68
 Short Papers on Syphilis. By CHARLES W. DULLES, M.D. 70

EDITORIAL:—

- An Important Epoch in the University of Pennsylvania..... 72
 Annual Meeting of the American Medical Association..... 74

BOOK REVIEWS:—

- An Unofficial Pharmacopœia. By Oscar Oldberg, PH.D.
 Pharmacopœia of the Hospital for Diseases of the Throat. By Morell Mackenzie, M.D. The Metric System in Medicine. By Oscar Oldberg, PH.D. A Text-book of Human Physiology. By Austin Flint, Jr., M.D. Sight. By Joseph Le Conte, M.D. Physical Diagnosis of Diseases of the Heart. By Arthur Ernest Sansom, M.D. Aids to Diagnosis. By J. Milner Fothergill, M.D., and J. C. Thorowgood, M.D. Diseases of the Eye and Ear. By W. F. Mitterdorf, M.D. Diseases of the Rectum and the Surgery of the Lower Bowel. By W. H. Van Buren, M.D. Diseases of the Joints. By Richard Barwell, F.R.C.S. Materia Medica and Therapeutics of the Skin. By Henry G. Piffard, M.D. Albuminuria. By W. Howship Dickinson, M.D. Books Received..... 74

SELECTIONS AND ABSTRACTS:—

- Ear Disease in Railway Employees, 77. Bad Effects of Tobacco on the Young, 77. Cure of Syphilis Without Mercury, 78. Causes of Deafness, 78. Amblyopia from Abuse of Alcohol and Tobacco, 78. Nocturnal Incontinence of Children, 78. Gleet, 79. Batty's Solution for Eczema, 79. Infantile Syphilis..... 79

MISCELLANY:—

- Another Charter Annulled..... 71
 The Pork Scare 79
 Leprosy in the United States..... 79
 A New Medical Knight..... 79
 Regulating Medicine in Colorado, etc..... 79

RECENT PUBLICATIONS 80

ON EXTRA-GENITAL CHANCRES.

BY F. R. STURGIS, M.D.,

Clinical Professor of Venereal Diseases in the University of the City of New York; Visiting Surgeon to Charity Hospital, etc.

The belief that all venereal sores must of necessity be situated upon the genital organs has been the means of obscuring our recognition of the commencement of syphilis, and the cause of our non-recognition of the initial lesion, merely because it is not seated where we think it ought to be. Surgeons are too apt to forget the aphorism that the initial lesion of syphilis is met with everywhere and anywhere upon the body; no spot is so inaccessible or so unusual as to be exempt. It has been met with in the rectum,¹ on the fingers,² on the tongue,³ on the lips,⁴ in the nose,⁵ on the eyelids,⁶ on the cheek,⁷ on the tonsils,⁸ on the ear,⁹ on the nipples;¹⁰ name but a region of the body, there will be found the initial lesion.

1. Ricord. "Clin. Monograph. de l'Hôpital des Vénériens," 1862.
2. Plumert. *Allg. Wien. Med. Zeitung*, 1879.
3. Sigmond. *Wien. Med. Wochenschr.*, 1852.
4. Bulkley. *Arch. of Derm.*, 1879.
5. Cutter, J. C. *Phila. Med. Times*, 1879.
6. Sturgis, F. R. *Am. Journ. Med. Sciences*, 1873.
7. Sturgis, F. R. *Ibid.*
8. Fox-Foster. *N. Y. Med. Journal*, 1880.
9. Mraek. *Wien. Med. Presse*, 1880.
10. Keyes, E. L. *Arch. of Derm.*, 1878.

It is the danger resulting from ignorance or carelessness of this fact that induces me to write the present paper, hoping that by calling attention to the danger greater care will be exercised in the diagnosis of this class of affections.

In my wards at Charity Hospital, this present winter, I have had many interesting cases, which have been shown to my classes, and which I hope may be of sufficient interest to the profession at large to excuse my publishing them here.

CASE I.—Was where the initial lesion was seated upon the lip, and occurred in the person of a young woman, 18 years of age, who was admitted to Charity Hospital on November 18th, 1880, with the following history: She says she has cohabited with but one man (her seducer) for the past eighteen months prior to her entrance into hospital, and during that time coitus was repeatedly indulged in, without any bad effect until August 15th, 1880. At present she states, and upon this point she is very positive, that she never had anything wrong with her genitals. At the date above specified (August 15th, 1880) she noticed that her lip was swollen, hard, not painful, and very superficially ulcerated. As to glandular induration in the neighborhood of the lesion on the lip she is unable to say anything. On September 1st, 1880, an eruption, from her description probably papular, appeared upon the thighs, legs and abdomen. On October 1st, 1880, for the first time she had some trouble with her external genitals, which lasted for a couple of weeks, and for which she received treatment before her entrance into the hospital.

A personal examination made then revealed the following condition of things: On the lower lip, a little to the left of median line, is a lump of indurated tissue, the size of a hazel-nut, which bears traces of superficial ulceration on the mucous surface of the lip; on the legs, arms and thighs is a coppery colored papulo-pustular eruption, thickly scattered over the former, sparsely over the latter. There is no alopecia, no sore throat, nor iritis. The submaxillary and submental glands are indurated, but it should also be said that she has adenitis universalis.

A careful examination of the genital organs failed to reveal any traces of induration at the cervix uteri, in the vagina, or at the vulva. The

inguinal glands were slightly indurated, less than were the glands elsewhere on the body.

Unfortunately, confrontation was impossible, as no means existed of finding the man; but there is no reasonable doubt as to the fact that the initial lesion was seated, in this case, upon the lower lip, and that the genitals entirely escaped.

On November 29th mucous patches appeared upon the tonsils, and on December 2d she had a mucous patch between the second and third toes of the right foot.

The second case is still more interesting. Here the initial lesion was seated upon the left tonsil, and the subsequent manifestations render the diagnosis positive as to the question of syphilis.

CASE II.—K. E., aged 27, single. Domestic. Admitted February 23d, 1881. Denies any previous venereal trouble. Has always been well. For the past four weeks has been troubled with a sore throat, and one week ago (February 16th, 1881) she noticed a macular eruption on knees and thighs, which has since spread over the entire body, although still most abundant on legs and thighs. No definite history of infecting coitus. No evidence of an initial lesion can be found on any part of the genitals; the inguinal glands, though slightly enlarged, were not so much so as is usual when the specific ulcer is seated upon the genitals. On examining the mouth and throat, the left tonsil was found to have a shallow ulceration, 1" long by $\frac{1}{4}$ " wide, with hard and gristly edges, on quite a hard base, with marked infiltration throughout the entire tonsil and anterior fauces. Externally the tonsil was enlarged and hard. Submaxillary gland of the left side was slightly indurated; the gland of the opposite side was not affected.

This ulceration does not look like a mucous patch, nor are there any in mouth or throat. There is a maculo-papular syphilide on body, with anterior and posterior cervical adenitis on both sides. Epitrochlears not enlarged. Treatment: Pil. duo.* No. 1, *t. d.* Calomel to throat locally.

March 3d. Induration of edges of ulcer on left tonsil, and the great infiltration found before materially diminished, leaving doughiness behind. Tonsil one-third of its former size.

* This is the pill of mercury and iron.—"Vide Manual of Venereal Diseases" (Sturgis), p. 202.

In view of the discussion which has recently taken place at the late meeting of the Public Health Association, it is of value to weigh the methods by which syphilis may be innocently conveyed; and this I say advisedly, for it is a gross error to consider that syphilis *must* be contracted *per coitum*.

Not at all infrequently it is conveyed in a perfectly innocent manner, by innocent people, as witness my own case (*American Journal Medical Sciences*, 1873), where a boy, 3 years of age, conveyed syphilis to his sister, aged 6, from the mother's neglect to carry out the precautionary measures she was instructed to. Since the case was reported, the girl had become emaciated and anæmic, and had developed, when last seen, two years since, periostitis of both tibia. Here is evidently a case where the ounce of prevention is worth the pound of cure.

Another case: A young man with a recent syphilis (mucous patches of tongue, lips, etc.) consulted me for his own trouble, and incidentally informed me that his fiancée had a curious looking swelling of the lip. What could it be? It could be a good many things: better bring the young lady and let the Doctor see her. This, after some persuasion, was consented to, and a typical initial lesion with a subsequent macular syphilide set at rest the question, not only of what it could be, but what it was. Here it had also been done by kissing, in a perfectly innocent and proper manner, and from ignorance, a rather pretty young girl became the victim of this infernal disease.

The use of household or other utensils is another means of propagating syphilis, and cases are reported where a spoon, a drinking glass, a pipe, a cigar, and dental instruments, have been the means of communicating the disease.

All these facts would seem to plead strongly for means to check (if it be possible), the spread of the disease, and to keep it within limits; but the first of all things is to instruct the medical portion of the community as to their responsibility in the matter, and that they shall be alive to the fact, first, that syphilis may be conveyed by other means than by improper or sexual relations, and second, that the secretion of mucous patches and the blood certainly, during the first twelve months

of the syphilis is capable of conveying the disease as certainly and effectively as is the initial lesion.

16 W. 32d St., New York.

THE CONSEQUENCES OF NEGLECT IN EYE DISEASES.

BY C. H. BROWN, M.D.,
Of Lancaster, Pa.

A Case of Neglected Iritis.

Carter, in his treatise on Diseases of the Eye, says: "There can be no more hopelessly spoiled organ than an eye in which recurrent iritis has been suffered to run its course unchecked, and to produce its ordinary consequences." A case recently came under my observation which illustrates this so well that, perhaps, it may be used to "point a moral," and its narration be of some little interest.

Cecilia Berry, a colored girl, aged about twenty-five years, and with an apparently scrofulous history. The girl is very ignorant, and hence the history I was able to obtain was very imperfect. About six or seven years ago her eyes commenced to get sore, pain, conjunctival injection, lachrymation, etc., and, as she says, "wild hairs." She does not seem to know whether she had any treatment or not, but rather inclines to think that she used an eye-wash at that time. But of one thing she is certain, and that is, her sight became impaired, becoming worse and worse, until finally vision was reduced to perception of light. She continued to have trouble with her eyes, and in 1877 applied to Dr. D. H. Coover, of Harrisburg, where she then lived. Dr. C. removed the left eye, because it was useless as an organ of vision and was giving her considerable trouble, ciliary tenderness, and pain in the eye. On microscopic examination, he found the ball shrunken and soft, complete anterior synechia (no anterior chamber), lens opaque and calcareous, vitreous fluid, etc. It was, indeed, a "hopelessly spoiled organ." Dr. C. says, "There was certainly iritis in the eye enucleated."

In 1880 I was asked to see the case by Mrs. Wilson, M.D., in the hope that, perhaps, ophthalmic surgery might be able to suggest some means of improving the vision of the remaining eye of the unfortunate woman. I found complete posterior synechia, lens perfectly opaque, and

vision reduced to perception of light. It is scarcely necessary to say that a strong solution of atropine had no mydriatic effect, although it produced intense dryness of the throat. A piece of iris had been removed by Dr. C., in 1877, with the hope of letting more light into the eye; this seemed to improve vision slightly at the time, but was of no permanent benefit, as at present there is no communication between the anterior and posterior chambers, the peripheral, or non-adherent zone of the iris bulging forward as if from increased tension in the posterior chamber. I regard the prognosis of this case as very unfavorable.

This case, then, it seems to me, is the result of a neglected iritis. Mr. Carter's picture is true to nature: "All the tissues of the eye undergo speedy atrophy. The iris tissue wastes, the vitreous body becomes fluid, the lens becomes opaque and often calcareous, and the retina perishes in the common ruin."

Perhaps a few words on the diagnosis and treatment of iritis may be permissible. The medical man is apt to overlook a case of iritis, regarding it, perhaps, as a case of conjunctivitis, and prescribing some astringent collyrium; in which case the symptoms will certainly be aggravated and the disease stimulated into a state of intensity which is hardly ever seen under any other circumstances. Astringents, although constantly prescribed with the happiest effect in conjunctival affections, are sure to produce mischief if used when the cornea or iris is inflamed. The great point in the treatment of iritis is the early application of a strong solution of the neutral sulphate of atropia, which, by dilating the pupil, prevents any adhesion between the iris and lens, and the disastrous consequences which follow such adhesion; at the same time it doubtless has a narcotic and sedative action.

But the diagnosis of iritis need never be a matter of doubt to any person who will examine the affected eye carefully. The iris loses its normal appearance and changes its color, which can generally be readily noted by a comparison of the two irides. The mobility is impaired, sometimes very greatly; in order to determine this, the unaffected eye should be closed with a folded handkerchief, and the affected eye alternately shaded and exposed to a moderately strong light. In

doubtful cases a solution of atropine furnishes a means of making one's self certain. There is hyperæmia of the anterior ciliary vessels, forming an extremely fine vascular network in the anterior episcleral zone. There is always considerable impairment of vision. Pain is an inconstant and uncertain symptom in iritis.

The fact that iritis is a more or less common affection, that it leads to such unhappy consequences if neglected, but that it is usually readily controllable if seen in time, must be my excuse for presenting this (to me) instructive case.

A Case of Neglected Purulent Ophthalmia.

Mary Bryan came to me with the following history: About six weeks before, her left eye became sore, and from her description of the symptoms I judge it to have been a severe case of purulent ophthalmia, possibly gonorrhœal. She had applied, at the commencement of her trouble, to a practitioner, who gave her some pills to take (presumably cathartic pills) and no other treatment. She afterwards applied to a colored woman who is practicing medicine here, and who "pow-wowed" over her. By this time the severity of the disease had expended itself, and when she was able to open the lids, she found she could not see with the eye. She was then advised to come to see me, when I found the eye in the following condition: Palpebral and ocular conjunctiva very much injected, lachrymation, some pain, a perforation of the cornea at its lower portion, equal in extent to about one-fourth of the whole surface of the cornea, through which the iris protrudes; the upper half of the cornea is clear, the pupil somewhat dragged and contracted to almost a pin-point, and vision reduced to perception of light. I ordered instillations of atropine and applied a compress bandage. After several weeks of treatment the pain left, the hyperæmia was subsiding, the wound was cicatrizing, and the eye feeling comfortable, but she was still only able to distinguish light from darkness. I then proposed to remove a piece of iris from behind the clear portion of the cornea, but the woman's husband objected, saying, "he didn't believe in cutting the eye," and so I discharged the case.

It seems reasonable to suppose that had this woman been given the proper local treatment, her eye would not have been lost; and it seems

to me that the responsibility of the loss of vision lies with the practitioner to whom she applied first, and who gave her pills to take! In this connection I will take the liberty to copy the following prescription from an article in a late number of *Archives of Ophthalmology*, on "Ophthalmia Purulenta Gonorrhœica," by Dr. C. Allen Lambert:—

R. Morphine sulph.,	gr. iij-v	
Zinci chloridi,	gr. ij-vi	
Aquæ rosæ,	gtt. x	
Aquæ dest.,	℥ j.	M.

Dr. L. regards this as almost a specific to the virus. I have not yet had an opportunity to test its efficacy, and hence cannot speak of it from experience.

POINTS OF MEDICAL JURISPRUDENCE.

No. I.

BY CHARLES H. A. ESLING.

(Concluded from page 55.)

Coming down nearer to our own times, we find even the skeptical Voltaire, whom we might naturally expect to prove himself the champion of the infidel idea of heroic virtue evinced in self-destruction, congratulating the public, in one of his works, that there is no danger of this folly, "*cette folie*," ever becoming epidemic. Had he lived a little later he would have found himself in error in this, as in most other speculations of his philosophy.

Napoleon, the Great, a man who certainly understood human nature, learning, at the commencement of his Egyptian campaign, that suicide was frequent in the army, caused, perhaps, by nostalgia, a disease quite common, especially among Swiss soldiers, of whom there were, perhaps, many in the French army, thundered forth his indignation and his vengeance in an order of the day, in which he designates those guilty of this crime as cowards and deserters.

It remained, then, for our own age of maudlin sympathy with crime and criminals to call suicide *always* insanity, and to announce to a wondering world such doctrines as that given by a jury some time ago, at Albany, that "a man can be quite sane one instant, insane the next, while committing a murder, and the instant after suddenly become perfectly sane again."

Though this question of suicide, its nature and

causes, has occupied the pens of all scientific and learned professors, from the stoical stylus of Plato and Seneca to the graceful plume of Madame De Stael, yet we have to regret that the only result of their labors has been to leave us a testament of confused uncertainty. "Oh, but," say the opponents of this theory, "there is no uncertainty in such a case as you have stated; a jury of inquest, acting, perhaps, or most probably, on the testimony of experts, have found a man insane; found that he was not a responsible agent." We can reply that the question of expert testimony is not under discussion now, because that is referable to special cases; but it is the discussion of the general principles upon which medical experts draw their conclusions, that must stand or fall with the maintenance of our argument. But suppose they have found him insane; then arises the purely legal question: have they gone to the root of the evil, and exercised that close investigation as to the causes which this disease and the circumstances of the case especially require? Have they told us how he became an irresponsible agent? Was is not perhaps through his own fault? If he did the suicidal act, for instance, in a fit of delirium tremens, was he not primarily responsible for his condition? He evidently had a *mens sana in corpore sano* when the physician of the company, a medical expert, passed him, or he could not have had a policy issued in his favor.

But suppose we, for the sake of argument, admit insanity in such a case; then the difficulty of proof is so hazardous that the company had a perfect right to decline the risk in making the contract. If a man in a fit of mental depression makes way with himself, under the idea that his course will bring him relief, it is certainly doubtful if he does not possess sufficient will and such glimmerings of reason as to make his insanity questionable. If, on the other hand, a man while shaving himself cuts his throat mortally, with a razor, it may be done intentionally, and the shaving may be only a cover to his real design; he certainly possesses knowledge of what he is doing; too much, in fact, to be called insane. But suppose it is done accidentally; how can any one, without great risk, prove the case, either way, insanity or accident? and, besides, life insurance companies do not always insure against accidents,

that being a separate branch of the insurance business.

Now, it is expressly to avoid the consequences of these anomalous surroundings of suicide that has caused life insurance companies to contract, in general terms, for the avoidance of the policy thereby; and these general terms are legally, sufficiently and appropriately expressed by the double phrasing, "suicide," or "by his own hands;" the case of death by the hands of justice, as administered in cases similar to that of Socrates, being an exception to the latter clause, for which reason, perhaps, this phrase, "by the hands of justice," is often specially added in policies. In all other cases, as homicide, through all its legal subdivisions, is not the less homicide, so suicide, through all its legal distinctions of felonious and excusable, is not the less suicide, as meant by the contract. Homicide is legally divisible, for the purpose of regulating the measure of punishment; but how shall we divide the punishment for criminal suicide, since the offender, having gone to the utmost length of crime, would merit the utmost measure of punishment? the fact of others, not himself, having to bear the consequence only tending to merit an increase of preventive penalty, as was the case in the older laws, when the family of the self-destroyer bore the legal punishment, as well as the incidental disgrace.

The weight of legal authorities, old and modern, fully agree with the historical and canonical ones given, as to the point that moral and legal imbecility is not legally a convertible term with insanity, sufficient to exculpate a *felo de se*.

It therefore only remains for us to cursorily notice the second point, that "uncontrollable passion" is a valid excuse for the same direful act.

Judge Williams, with Boanergic energy, has, in a case reported in 6 Bush's Kentucky Court of Appeals Reports, so thoroughly confuted this abominable theory that we can scarcely presume to add anything to his decision. We think, however, of all condemnable doctrines ever advanced in a court of justice, or elsewhere, this is the worst. Practically, there is no such thing as uncontrollable passion. Law and theology prove it on every page of their text-books. The sacred Scriptures in every line confute it with an inspired contradiction, and we may venture the

hope that there is a vestige of Scripture left unreasoned away which orthodox Christians may yet revere. To admit it is to adhere to the blasphemous doctrine, the destruction, or rather, the non-existence of the free will of man, and the injustice of all law, human and divine. It is to declare God himself a merciless tyrant, and the statutes of man laughing lies. Cain and Judas Iscariot both committed suicide, each with a premeditation that proves their sanity, and as shown in their after conduct. In the first, who alleged as a reason that his punishment was greater than he could bear. In the latter, by his throwing back the thirty pieces of silver, and confessing the enormity of his crime. Orthodox theology and the prevailing sentiment of the world has accepted the doctrine of their eternal perdition; not because the one killed and the other betrayed his victim, but because both yielded to the horrible crime of doubt in God's mercy. *Yet history presents no example wherein the passion of despair was more excusable and less controllable.*

The results of the horrible heresy of the unlimited superiority of the passions are to be found in the excesses of our times, as reported without any exaggeration, almost to a surfeit, daily, in our public journals. Murder, as the result of anger; criminal indecencies, from the lusts of the flesh; a perfect harvest of forgeries and defalcations, springing from the greed of gold and unrestrained social ambition. Yet the excuse given for all these is uncontrollable passion; even the disgusting, mean, sneaking vice of thieving is dignified into kleptomania. Yet how are all these, generally speaking, excused or sought to be palliated, save on the ground of uncontrollable passion?

And now let us ask, in conclusion, how stands Medicine on this question? Is she prepared to boldly break the golden circle of the hand-locked sciences and throw the ægis of her protection over these new-born theories that are generally regarded as the offspring of iniquity, or must she still speak with uncertain voice and tremulous attitude; or has she, in the bowels of the earth, the waters of the sea, the clouds of the air, or the flames of the fire, found any certain solution which will strengthen the faith of the orthodox or solve the doubts of the wavering?

SHORT PAPERS ON SYPHILIS.

BY CHARLES W. DULLES, M.D.,

Lecturer on the Venereal Diseases at the Philadelphia School of Anatomy.

I. THE ORIGIN OF SYPHILIS.

There are few subjects of study in the middle ages which have not given rise to a variety of opinions. Great men, whose acts have been the admiration of succeeding generations, are said never to have lived. Events long credited are said never to have occurred. It is little wonder, then, that the origin of a disease which dates back—in the form we now know it, at least—but four hundred years, should at this time be somewhat uncertain. Some syphilographers assert that syphilis has existed almost as long as the human race. Records have been cited that indicate the presence of ulcerative venereal lesions among the Chinese long before the Christian era. In India there is a myth about the god Siva, which reads like a description of phagedena. It is claimed that the Jews suffered with syphilis soon after the exodus from Egypt, and that the sores and pains of which Job and David complain were syphilitic. In America, long before Columbus reached these shores, there appears to have been a disease which produced lesions of the soft parts, and also of the bones, closely resembling the ravages of syphilis.

In forming an opinion for one's self, it must be admitted that the evidence is scarcely so clear as we might wish to have it. The narrative of a sea-captain about the Chinese is hardly sufficient to decide so serious a question; the myth about a Hindoo deity cannot go for much, when lying is one of the characteristics of that nation; and the claim that Job and David had syphilis rests upon the assumption that the exaggerated expressions of poetry can be taken literally, as well as that a king and poet would parade in his psalms the fact and the details of a loathsome disease. The clearest evidence we have of the remote existence of syphilis is that which refers to the Western Hemisphere. Professor Joseph Jones, in an article in the *New Orleans Medical and Surgical Journal*, June, 1878, asserts that he has found, in examining bones from ancient burial places in some of the Southern States, indubitable evidence of syphilitic osteitis. So far as I know, these as-

sertions have never been corroborated by any syphilographer, after personal scrutiny of the bones collected by Professor Jones; and it would be premature to form a decided opinion before this test has been applied to his claims.

So, then, it may be said there is no satisfactory evidence of the existence of syphilis before the time when it broke out with a suddenness and a violence which attracted to it the attention of the whole civilized world. This was in 1494, two years after the discovery of America, a coincidence, if no more, which has strengthened the opinion that syphilis is a disease which originated in this Continent, and was transferred to others.

Be that as it may, certain it is that in 1494, as Charles VIII was occupying the kingdom of Naples with an invading army, there broke out among the troops of the French and the Neapolitans a terrible and apparently epidemic disease, affecting in the first instance the genitals, and afterward other parts of the body. This was what is now known as syphilis. At that time the disease was utterly unknown to the medical men; they called it the "new disease." The Neapolitans named it, after their enemies, the "French" disease, while the latter returned the compliment by inverting it. It was believed to be communicable by the air, the position of the stars, the act of God. Men contracted it and went about bemoaning their sad fate, seemingly without a suspicion that it had been acquired in the act of coition. This is the more remarkable, since all the writers of that day emphasize the early involvement of the sexual organs; and it is almost impossible to reconcile such *naïveté* as we sometimes find in the records of the early part of the sixteenth century with the full knowledge of the near and remote lesions of this disease, which soon came to be evinced. For, before long the true nature of syphilis seems to have been pretty well understood. Its effects were recognized, and systematic treatment instituted. A curious Latin poem, in three books, by an Italian named Fracastoro, written before the year 1521, furnishes an exceedingly graphic account of what was known of syphilis up to that time. In this the recommendations are to abstain from excesses, and particularly from venery.

"Parce tamen Veneri mollesque ante omnia vita
Concubitus, nihil est nocuum magis; odit et ipsa
Pulchra Venus teneræ contagem odere puellæ."

Further, it was advised to take exercise sufficient to provoke sweating, to avoid indigestible meats, to eat freely of vegetables, to practice blood-letting, to drink bitter infusions, to apply caustics, and to use inunctions and fumigations of mercury. Taken altogether, at this early date we find exactly the same method of treatment recommended as prevailed for centuries; indeed, until within a very few decades. This presents a marked contrast to the theories then current in regard to its origin. These were so erroneous that they have served to hide facts which, if known, would have very much aided later generations in deciding questions which will probably long remain unsettled. It would be interesting to settle them, little as this would affect the more important matter of understanding the nature and treatment of syphilis. But all that can be positively asserted is that up to the year 1494 syphilis was practically an unknown disease; that at that time it burst like a meteor upon the medical horizon, though it has not followed the example of this heavenly visitor in its manner or time of disappearance.

ANOTHER CHARTER ANNULLED. — After eight months of litigation in the courts, the Commonwealth secured, on March 15th, a decree of ouster in the quo warranto proceedings against the Philadelphia University of Medicine and Surgery. This result was brought about by agreement of counsel on both sides, the following papers having been filed in the Court office: Commonwealth of Pennsylvania ex relatione the Attorney General *vs.* Ingraham, et al. C. P., No. 3, June T., 1880, No. 614: And now, March 15th, 1881, the defendants served * * * say that they disclaim any intention in the future to exercise any corporate right, and that they consent that a decree of ouster may be entered, as of this date, without costs, the Commonwealth expressly recognizing all diplomas granted in accordance with the terms of said charter, and validating all past acts, the decree prohibiting only the exercise of any future corporate act. This medical college was known as "*Dean Miller's*."—*Med. and Surg. Rep.*

[We are well rid of one pest house of bogus diplomas and incompetent physicians; the only cause for regret is the action on the part of the Commonwealth in consenting to recognize past diplomas. To obviate, as far as possible, the bad results of this action, let every physician of respectability make generally known the fact that a diploma from this college is a sure guarantee that the holder of it (if this be the only one he possesses) is thoroughly unfit to practice medicine.]—EDITOR.

The American Specialist.

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PRESLEY BLAKISTON,

1012 Walnut Street, Philadelphia.

PHILADELPHIA, MAY 1, 1881.

AN IMPORTANT EPOCH IN THE UNIVERSITY OF PENNSYLVANIA.

Important epochs fraught with much interest and promise of radical changes and wonderful improvements in celebrated institutions of learning, must necessarily possess a peculiar interest for friends of education the world over. It is in this belief that we feel sure our readers will be interested to hear of the great change which has just taken place in the University of Pennsylvania, one of the oldest universities in the land. A change which attracts more than passing notice, pregnant as it is with great probabilities of future improvements and enlarged usefulness. In our last issue we noticed this change; in our present one we will give a short sketch of the most important events which led to it. Few persons outside of the medical profession are aware that we have in our midst one of the oldest universities in the United States. The Medical Department is the oldest school of medicine in our country, and a diploma from it carries more weight in the medical centres of Europe than one from any other college our country possesses. But with the old fogysm that pervades everything in and about Philadelphia, this old seat of learning has been allowed to lapse into a semi-vital condition, a fossilized mould of stagnation and inactivity has hung over it like a funeral pall, until it has fallen into a condition where it might indeed be recog-

nized as one of the oldest, but at the same time, one of the least progressive of institutions. Incorporated in 1753, its foundation is antedated only by Harvard, Yale, William and Mary, and Princeton Universities. In 1755 its body and faculty were designated in its charter as the "Provost, Vice Provost and Professors of the College and Academy of Philadelphia, in the Province of Pennsylvania." In 1791 a consolidation was effected, out of which arose the present name of *University of Pennsylvania*. Benjamin Franklin was the first president of its Board of Trustees, and Dr. William Smith its first Provost. Until the present time the Provost was not represented in the Board of Trustees. His position and duties were practically those of a superintendent. He had charge of the University, and was entrusted with the fulfillment of the directions of the Trustees, but had no voice or influence in the framing of these instructions. His authority was very limited, and his rulings were liable at any time to be set aside by the action of the Trustees. This necessarily gave rise to much trouble and conflict of authority. The Provost, daily at the University, constantly in contact with the professors and students, his whole time and mind occupied with its affairs and its welfare, was, of course, of all men, the one best fitted to judge of its wants and of the legislation necessary to its welfare, and yet he was allowed no voice in its management; he was simply to obey the directions of the Trustees, all of whom, it is true, are gentlemen of the highest standing and integrity, but, at the same time, whose minds and time were occupied with matters entirely foreign to the University, and whose opportunities for judging of its wants were very imperfect and inadequate. This unfortunate state of affairs, combined with the want of activity and apathy so characteristic of Philadelphians, has been the heavy drag which for so many years has kept our old university in the

background, and prevented her claims to antiquity and distinction from being thoroughly and widely known and appreciated. It takes a long time to get an idea of progression and advancement into the mind of the staid, placid, Quaker-like, average Philadelphian ; but when the idea does finally penetrate into the innermost recesses of the mind, and is thoroughly digested and assimilated there, it takes deep root, and though it may be slow in germinating, when it does actually bud forth it bears with it excellent fruit. After groping in the dark and wrestling with their own mistake for more than a century, light seemed at last to break upon one to whose earnest endeavors the University owes so much. During the administration of Dr. Charles J. Stillé many important changes had been made. Ten years ago the University was domiciled in two small buildings, on a small lot, crowded into the very heart of the city. To-day, probably the handsomest and most approved college buildings in this country, located on the outskirts of the city, with a handsome and commodious campus, are devoted to its uses. After securing these enlarged and elegant quarters, and obtaining many modifications and improvements in the curriculum, prominent among these being an extended and a graded course in the Medical Department and the establishment of a complete Dental Department, Dr. Stillé made an attack upon what was really the most powerful obstacle to the progress of the University. A little more than a year ago he represented to the Board the absolute necessity that existed for the Provost to have a voice in the doings of the Trustees. He further astonished this distinguished body by suggesting that the Provost should actually be one of the Trustees, and they stood aghast at his audacity when he insisted that he should not only be a trustee, but should actually be the presiding officer of that body, a position which heretofore had been held *ex-officio* by the Governor of Pennsyl-

vania. They took counsel among themselves. Forced to admit the justice and the wisdom of the suggested change, and yet not inclined to yield their authority, they sought some excuse to refuse the demand. Finally, they decided upon the flimsy pretext that such a change would necessitate amending the charter, and so refused it. Dr. Stillé then reiterated his request and stated that his resignation would be the cost of refusal. They still refused. Dr. Stillé resigned, and the University lost a valuable officer and a warm, steadfast and earnest worker. Then, indeed, did the friends of the University quake in their boots. Who was to succeed him? Everything depended upon a proper and judicious selection. To their credit, be it said, the Trustees were equal to the emergency. After repeated consultations they granted to the new Provost, whoever he might be, the very changes they had denied to the old one. He could not be a Trustee, they said, because they would not or could not amend their charter, but they would allow him to be present at their meetings, to have a voice in their deliberations, and, in the absence of the President, to preside over the Board. The Governor being hardly ever present, this practically made the Provost President of the Board of Trustees. With these desired modifications in the office, they tendered the position of Provost to Dr. William Pepper, then and now Clinical Professor of Medicine in the Medical Department, and it was accepted. On the 22d of February last, in the Academy of Music, in the presence of an immense throng of distinguished persons from all over the country, the Governor of Pennsylvania, as *ex officio* President of the Board of Trustees, formally handed over the keys of the University to the new Provost, and by that act inaugurated a new departure in the history of this institution, which will soon place it in the very front rank of American universities. It would have been impossible for the Trustees to have made a better

selection. Dr. Pepper is a graduate of the Collegiate and Medical Departments of the University. Young, active, ambitious, a man of untiring energy and persuasive ability, there is no limit to the advancement his election will give to the University. He was conspicuous in securing from the legislature a grant of one hundred thousand dollars to aid in the erection of the new University Hospital, one of the most complete buildings of its kind in the country. He has secured from one of our wealthy citizens a donation of fifty thousand dollars to erect a ward for incurables, and was the prime mover in originating a series of annual charity balls in this city, to provide means for the support of this ward. The first of these balls, given in January, netted over twelve thousand dollars. He has secured a donation of one hundred and fifty thousand dollars from another of our wealthy men, while Colonel Thomas A. Scott has recently presented fifty thousand dollars. What more he will do, no one knows, though rumor has it that he has secured in the neighborhood of half a million dollars for his institution. In his inaugural address he said that he wanted money and he means to get it. To will a thing is to do it, with Dr. Pepper. He foreshadowed his future progressive course, and advocated the representation of the Alumni in the Trustees, which would have the good effect of placing the guidance of the institution in the hands of its children and friends, those interested in its welfare and anxious to see it take its proper place in the land. The University is now waking up from its Rip Van Winkle sleep, and ere long, unless our opinion of its new Provost is *very, very* erroneously formed, its power will be felt. Its reputation will be no longer circumscribed, but will extend to the uttermost points of the globe. The Alumni and friends of the institution among the readers of the *SPECIALIST*, who may now for the first time hear of this change, may chant the "*Te Deum*" in true gratitude of heart that their old educa-

tional home has at last been lifted out of the mire of apathy, indifference and neglect, in which it has been so long sunk, and started with giant strides toward that high pinnacle of reputation which will make their diplomas from the University of Pennsylvania a sure guarantee of the most complete education the United States can afford.

WHEN this issue of the *SPECIALIST* reaches its readers, the thirty-second annual session of the American Medical Association will be on the eve of convening. This year the Convention meets in Richmond, Va., and its deliberations will occupy Tuesday, Wednesday, Thursday and Friday, May 3d, 4th, 5th and 6th, commencing on Tuesday at 11 A.M. These annual medical reunions are a most excellent institution. Besides regulating and keeping our profession in order, they afford an opportunity for our hard-worked physicians to obtain a few days' rest and recreation, which many of them sadly need. The chairmen of the different sections will be as follows:—

Practice of Medicine, *Materia Medica* and Physiology, Dr. Wm. Pepper, Philadelphia; Obstetrics and Diseases of Women and Children, Dr. James R. Chadwick, Boston, Mass.; Surgery and Anatomy, Dr. Hunter McGuire, Richmond, Va.; State Medicine, Dr. James T. Reeve, Appleton, Wis.; Ophthalmology, Otology and Laryngology, Dr. Dudley S. Reynolds, Louisville, Ky.; Diseases of Children, Dr. A. Jacobi, New York.

We shall wait anxiously to hear the result of the deliberations of this representative body of physicians, and shall tell our readers something about the Convention in our June number.

BOOK REVIEWS.

AN UNOFFICIAL PHARMACOPEIA. By Oscar Oldberg. Phar. D., Medical Purveyor, United States Marine Hospital Service; Prof. Mat. Med., National College of Pharmacy, Washington, D. C., etc., etc. Philadelphia: Presley Blakiston, 1881. Price \$3.50.

A very valuable volume, intended, as the author states, as a "Supplement to the Pharmacopeia of the United States." The metric system is used, because it has been adopted by the committee for the revision of the Official Pharmacopeia, but at the same time the book may be intelligently used with apothecaries' weights and measures. Of not much use to the physician, this book is indispensable to the progres-

sive apothecary who desires to keep up with the times. The binding is handsome and at the same time very substantial, so that the book will stand much knocking about and rough usage. It should be in every apothecary's laboratory.

PHARMACOPŒIA OF THE HOSPITAL FOR DISEASES OF THE THROAT. Edited by Morell Mackenzie, M.D. Philadelphia: Presley Blakiston, 1881. Price \$1.25.

This little book should be on the shelf of every gentleman who makes a speciality of Diseases of the Throat. It will also be useful to the general practitioner. The present is the fourth edition, and it contains many additions and improvements to the third.

THE METRIC SYSTEM IN MEDICINE. By Oscar Oldberg, Phar. D., etc., etc., etc. Philadelphia: Presley Blakiston, 1881. Price \$1.50.

One hundred and eighty pages of more useful information at the present time than is contained in any volume in existence. The metric system has been adopted by the revisionary committee, and the next edition of the Official Pharmacopœia will be based upon it, and yet we venture to say that only a very small percentage of physicians and druggists know anything about it. We will condense our review of this book by saying that the adoption of the metric system has rendered absolutely necessary a knowledge of this system by every would-be educated physician and apothecary, and we can truthfully say that nowhere can this knowledge be more intelligently and more easily acquired than from the volume before us.

A TEXT-BOOK OF HUMAN PHYSIOLOGY. By Austin Flint, Jr., M.D. New York: D. Appleton & Co., 1881. Price \$6.00.

When Edwin Booth plays an engagement at a theatre the programmes simply announce the "*Engagement of Edwin Booth*;" there is no necessity of putting the stereotyped phrase; "*Eminent Tragedian*" before his name; he is too well known to require this. So it is with the book before us. Wherever the science of medicine is known, there also is familiar the name of *Flint*, Senior and Junior. We need only say that in this third edition the work has been carefully and thoroughly revised. It is one of our standard text-books, and no physician's library should be without it. We treasure it highly, shall give it a choice, snug and prominent position on our shelf, and deem ourselves fortunate to possess this elegant, comprehensive and authoritative work.

SIGHT. By Joseph Le Conte, LL.D. New York: D. Appleton & Co., 1881. Price

This book constitutes one of the familiar "*International Scientific Series*," issued by the well known house of D. Appleton & Co. The author endeavors

to perform a very difficult feat. He tries to write a work on a scientific subject, which shall be at the same time interesting, intelligible and instructive to the non-scientific as well as to the scientific reader. In the latter instance he has made a signal success, and we commend his work as an interesting study of an interesting subject to scientific men. But on the other point our approval must be more guarded. This as well as nearly all other scientific works we have read, is too full of technicalities to be intelligent to the non-scientific reader, and a book of technical expressions will generally prove dull, uninteresting and unintelligible reading to one who does not understand their meaning. As a scientific work it is excellent, as a popular treatise on vision it is only fair.

MANUAL OF THE PHYSICAL DIAGNOSIS OF DISEASES OF THE HEART; Including the Use of the Sphygmograph and Cardiograph. By Arthur Ernest Sansom, M.D., London. Philadelphia: Presley Blakiston, 1881. Price \$2.00.

The third and much improved edition of a work from a celebrated authority, which every physician should read. Great and universal misapprehension and ignorance exist in the medical profession concerning disease of the heart. The majority of physicians have a confused and uncertain idea of the importance of certain heart sounds, murmurs, and so on. Very few outside of large cities have ever even seen a sphygmograph or a cardiograph, and they really know little or nothing about the diagnosis of cardiac disease. Let them all read carefully this work of Dr. Sansom's, and when they are through it, we are confident that they will fully realize how little they previously knew about heart disease, and how much they have learned.

AIDS TO DIAGNOSIS. Part First, Semeiology, by J. Milner Fothergill. New York: G. P. Putnam's Sons, 1881.

AIDS TO DIAGNOSIS. Part Second, Physical, by J. C. Thorowgood, M.D., M.R.C.P. New York: G. P. Putnam's Sons, 1881.

Two little works forming the two first numbers of the "*Student's Aid Series*." Could their use in fact be restricted, as their intended use by their distinguished authors is, we would give them our unqualified approval. Could their use be confined merely as *aids* to good students they would be invaluable; but we much fear that their chief sale will be to lazy students, who will substitute this superficial knowledge for a deep and lasting foundation in diagnosis. What they teach is good and valuable beyond question, but they tell too little; the subject treated is only cursorily discussed, and here comes in the dangers of these *aids*, *compendiums*, and the like. We heartily commend these books to good, industrious and

thorough students, but we warn lazy students and their preceptors against them.

A MANUAL ON DISEASES OF THE EYE AND EAR, for the Use of Students and Practitioners. By W. F. Mittendorf, M.D. New York: G. P. Putnam's Sons, 1881. Price

In his preface the author states that this book is not intended to take the place of the more extensive textbooks on these subjects (the ear and eye), but that it is intended only for the elementary study of the diseases of the eye and ear. Through becoming modesty, he fails to do himself justice and leaves this pleasant task for some one else. We hasten with pleasure to perform this duty. Three-fourths of the work are devoted to the eye, and the remaining pages to the ear. The language used is clear and to the point. There is sufficient dogmatism about it to make the book readable without being offensive. When finished, one feels as though he had learned something, instead of being left in that uncomfortable position of doubt and misgiving which generally succeeds the perusal of books full of discussion and arguments on many ideas and certainty on none. These works leave the impression on the mind of the reader that the author is himself in a state of uncertainty and doubt, and fears to make any statements absolutely, lest they may not be correct. Dr. Mittendorf, on the contrary, with a certain quiet air of modesty, gives directions for the diagnosis and treatment of the various diseased conditions of the eye and ear of which he treats, with such a degree of authority as to carry the conviction to the mind of the reader that he must have had much experience in and be competent to speak of such subjects. The work is superbly illustrated, and, in a word, both author and publisher deserve the thanks of the profession for the handsome manner in which they have presented this valuable book to them.

LECTURES UPON DISEASES OF THE RECTUM AND THE SURGERY OF THE LOWER BOWEL. By W. H. Van Buren, M.D., LL.D. (Yalen.) New York: D. Appleton & Co., 1881. Price \$3.00.

An excellent work, by a distinguished author, on an interesting subject. This is the second edition of this work, and it has been much improved and extended, much of it being entirely rewritten. It treats of the following subjects: internal hemorrhoids, prolapsus ani, polypus and benign tumors, abscess, fistula in ano, fissure or irritable ulcer of the anus, ulcer of the rectum, benign stricture of the rectum, cancer of the rectum, and congenital malformation. All of it is good, but the chapter on fistula in ano is particularly well written. The language is plain, clear and intelligible, the type excellent, the illustrations very good,

and altogether it is a very useful, instructive, readable and authoritative work on diseases of the rectum.

A TREATISE ON DISEASES OF THE JOINTS. By Richard Barwell, F.R.C.S., Senior Surgeon and Lecturer on Surgery, Charing Cross Hospital. New York: Wm. Wood & Co., 1881.

A TREATISE ON THE MATERIA MEDICA AND THERAPEUTICS OF THE SKIN. By Henry G. Piffard, A.M., M.D., Professor of Dermatology, Medical Department of the University of the City of New York, etc. New York: Wm. Wood & Co., 1881.

A TREATISE ON ALBUMINURIA. By W. Howship Dickinson, M.D. Cantab., Fellow of the Royal College of Physicians, Physician to St. George's Hospital, etc., etc. New York: Wm. Wood & Co., 1881.

These three volumes belong to "Wood's Library of Standard Medical Authors." The treatise on diseases of the joints is a well illustrated second edition of a good work, which we can heartily commend to all surgeons. They will find it invaluable, and most of them will be surprised, after reading it, to realize how little they previously knew of diseases of the joints.

The treatise on the materia medica and therapeutics of the skin is particularly interesting, as containing the results of the author's own experience, and the author being a gentleman of acknowledged reputation in his special department. No speculation or debatable questions here, but admitted and proven facts.

The treatise on albuminuria is the second edition of a work we have been waiting for. Dr. Dickinson is one of the greatest authorities on diseases of the urinary organs now living, and his utterances carry with them great weight. If any of our readers desires the most recent and most authoritative work on diseases of the kidney, he must procure this treatise of Dr. Dickinson. On page 107 he hints at the *hereditary nature of Bright's Disease* (a position we have already assumed), and gives one remarkable illustration, in which the disease can be clearly traced through at least three generations of a family. The work is beautifully illustrated, containing many colored plates. This is decidedly *the* work par excellence on albuminuria. In conclusion we must say a word for the publishers. We have rarely seen better prepared books, and never have we encountered neater or more tasty binding. Messrs. Wm. Wood & Co. deserve well of the profession. They spare neither expense nor trouble to furnish the physician with valuable and attractive professional reading.

BOOKS RECEIVED.

—"An Unofficial Pharmacopœia." By Oscar Oldberg, PHAR. D., Medical Purveyor United States Marine Hospital

Service; Prof. Mat. Med., National College of Pharmacy, Washington, D. C., etc., etc. Philadelphia: Presley Blakiston, 1881. \$3.50.

—"The Metric System in Medicine." By Oscar Oldberg. PHAR. D., etc., etc., etc. Philadelphia: Presley Blakiston, 1881. \$1.50.

—"A Text-book of Human Physiology." By Austin Flint, Jr., M.D. New York: D. Appleton & Co., 1881. Cloth \$6.00; sheep \$7.00.

—"Sight." By Joseph Le Conte, LL.D. New York: D. Appleton & Co., 1881. \$1.50.

—"Physical Diagnosis of the Heart." By Arthur Ernest Sansom, M.D., London. Philadelphia: Presley Blakiston, 1881. \$2.00.

—"Aids to Diagnosis. Part First: Semeiology." By J. Milner Fothergill. New York: G. P. Putnam's Sons, 1881. Paper 25 cts.; cloth 50 cts.

—"Aids to Diagnosis. Part Second. Physical." By J. C. Thorowgood, M.D., M.R.C.P. New York: G. P. Putnam's Sons, 1881. Paper 25 cts.; cloth 50 cts.

—"Diseases of the Eye and Ear." By W. F. Mittendorf, M.D. New York: G. P. Putnam's Sons, 1881. \$4.00.

—"Lectures upon Diseases of the Rectum." By W. H. Van Buren, M.D., LL.D. New York: D. Appleton & Co., 1881. \$3.00.

—"Diseases of the Joints." By Richard Barwell, F.R.C.S. New York: William Wood & Co., 1881.

—"Materia Medica and Therapeutics of the Skin." By Henry G. Pittard, A.M., M.D. New York: William Wood & Co., 1881.

—"A Treatise on Albuminuria." By W. Howship Dickinson, M.D. Cantab. New York: William Wood & Co., 1881.

—"Sanitary and Statistical Report of the Surgeon General of the Navy, for the year 1879." Washington: Government Printing Office, 1881.

Selections and Abstracts.

EAR DISEASE IN RAILWAY EMPLOYEES.—F. Park Lewis, M.D., of Buffalo, N. Y., in the *Medical Counselor* for February, 1881, comments on a paper by Prof. S. Moos, of Heidelberg, on this subject. From it we extract the following. He notes the following causes which act on engineers and firemen when traveling:—

1. Violent concussion.
2. Uninterrupted straining of the eye and ear.
3. The cutting air.
4. The continuous erect posture.
5. The frequent changes of temperature.

The occasional troublesome or noxious influences are:—

1. Dust.
2. Irrespirable and poisonous gases, particularly CO².

Prof. Moos reaches the following conclusions:—

1. Locomotive engineers and firemen are liable to affections of the ear, with notable decrease in hearing, usually on both sides, which may be attributed

to their employment; these affections may, perhaps, appear earlier in those employed on railroads running through mountainous regions than in those on roads in level countries.

2. This acquired deafness appears to be more dangerous than their color blindness as regards the signal colors, because the latter is a *congenital* defect which can be defined precisely before the individuals are put on active duty, while the deafness is an *acquired* disease, slow in its approach, and often unknown to the person affected until an accident, *e. g.*, a cold or injury, diminishes the hearing more and more, on one or both sides, or destroys it completely.

3. The percentage of these affections of the ears can only be fixed by extensive statistics and examinations. The fact of its existence is evident, and even if the percentage were but slight, it is of great importance, for even a single exception may cause danger.

4. The ears should be examined very carefully before a certificate of fitness for duty is given. The examination can and should only be undertaken by a physician who has made a special study of otology, or at least understands how to examine the ear and to test its functions accurately.

5. When a man has acted as fireman for a long time, his promotion to the position of engineer should demand special precautions in this respect.

6. When his definite appointment has been made, he should be warned that his occupation *may* injure his hearing, and that he should present himself for examination when he notices the slightest defect in this respect.

7. The physician should be sworn to report every case of deafness in firemen or engineers to the superintendent of the road.

8. The hearing of engineers and firemen should be tested at least once in every two years, so as to avoid all possible danger; perhaps oftener in those who run on tunneled roads.

BAD EFFECTS OF TOBACCO ON THE YOUNG.—Certain English medical journals have been giving a partial indorsement of the weed, protesting that, on the whole, it is rather a boon than a bane to mankind. An exception is uniformly made, however, to its use by the young, and in this connection the case of the human organism against tobacco is made out by Dr. Richardson and others, to be something as follows: In smoking tobacco we take in carbonic acid and carbonic oxide, several ammonias, and an oily substance, which is crude nicotine. In this crude nicotine are nicotine proper, a volatile empyreumatic substance and a bitter extract. The ammonias and the nicotine especially, are the substances which so

sadly poison the system, and they act in numerous directions.

1. The ammonias, entering the blood, make it too alkaline and fluid, thus interfering with its proper nutritive activity. 2. The stomach is debilitated and dyspepsia induced by the general influence of the drug. 3. The throat is made dry and red, the tonsils enlarged, and the morbid condition known as "smoker's sore throat" results. 4. The innervation of the heart is disturbed, its action being weak, irregular and intermittent: palpitation, præcordial pains, faintness and vertigo are the consequence, forming the well recognized symptoms of the "tobacco heart." 5. The laryngeal and bronchial mucous membranes, if already irritable, are made more so. 6. Owing chiefly to the disturbance in the blood and heart, the processes of nutrition are slowed, and in the young may be seriously affected—tissue is degraded (Acton). 7. The sexual organs are, at first, stimulated, especially by cigarette smoking, but are eventually weakened in power; "excessive smokers, if very young, never acquire, and if older, rapidly lose their virile powers," (Acton). 8. Vision is impaired, especially if alcohol is used in conjunction with the tobacco, "tobacco amblyopia" being produced. 9. Muscular coördination is impaired, especially in the young; drawing masters find that young smokers cannot draw "a clean, straight line." 10. The antidotal effect of alcohol to tobacco leads to forming the habit of drinking. 11. The power of concentrating the mind, and, perhaps, of intellectual activity in general, is lessened.—*Med. Record., March 26th, 1881.*

CURE OF SYPHILIS WITHOUT MERCURY.—Kurz would have a distinction made between the cutting short of syphilitic manifestations by mercury, and a cure of the disease. The former the drug will often do; the latter no more certainly than many other medicaments. It is in no sense a specific. As an illustration, he gives a case where he used for the initial lesion neat inunction of iodoform, and local cleansing with water and a two per cent. solution of carbolic acid. In about two weeks (four after injection) a roseola appeared. Nothing but bathing, attention to the bowels and good food were ordered. Two weeks later the roseola was gone, and the induration of the inguinal lymphatic glands almost gone. The fauces and tonsils were now inflamed. For this, chlorate of potash gargles were ordered. Two weeks later there was some headache, with a gummy infiltration over the right parietal bone. A daily bath, and wrapping in a woolen blanket caused these to disappear. At the end of three months from beginning this treatment every symptom of syphilis was

gone.—*American Pract.—Quarterly Epitome, March, 1881.*

CAUSES OF DEAFNESS.—Superintendent McIntyre reports the following as the causes of deafness of two hundred and forty-four students now in the Michigan Asylum for the Deaf and Dumb, at Flint:—

Congenital,	81
Cerebro-spinal Meningitis and Brain Fever,	83
Scarlet Fever,	10
Typhoid Fever	14
Fever (not specified),	6
Measles,	8
Whooping Cough,	3
Cold and Inflammation,	17
Dropsy,	3
Diphtheria,	3
Spasms,	5
Scrofula,	4
Mumps,	3
Fall, Hurt or Blow,	10
Teething,	4
Sunstroke,	1

The causes are those given by the person bringing the child to the Institution, and, consequently, are most likely not free from error.—*Indiana Med. Rep.*

AMBLYOPIA FROM ABUSE OF ALCOHOL AND TOBACCO.—Dr. David Webster, of New York, in a paper in the *Medical Record*, draws from the cases he has seen of amblyopia the following conclusions:—

1. Amblyopia from poisoning by alcohol alone, or by alcohol and tobacco combined, is not uncommon. 2. Amblyopia from poisoning by tobacco alone does occur, but in this country somewhat rarely. 3. Cases of amblyopia from abuse of tobacco and alcohol will usually improve, perhaps to a limited extent, on simple abstinence from the poisons causing the disease.

4. They will improve much more rapidly under treatment by hypodermic injections of strychnia, this drug having a specific stimulating influence upon the nervous portion of the visual apparatus.—*Am. Prac.—Quarterly Epitome, March, 1881.*

NOCTURNAL INCONTINENCE OF CHILDREN:—

R.	Strychniæ,	gr. j	
	Pulv. cantharides,	gr. ij	
	Morph. sulph.,	gr. iss	
	Ferri pulv.,	ʒj.	M.
	Ft. pil., No. XL.		

Sig.—One three times a day to a child ten years old.—*Prof. S. D. Gross, M.D.*

This prescription will speedily relieve the irritability of the bladder, especially if conjoined with such means as a cold shower bath daily, the avoidance of irritant food and late suppers, the patient lying on the side or belly, and taking care to drink nothing

for the few hours preceding sleep, and to empty the bladder on going to bed.—*Mich. Med. News.*

GLEET.—W. W. Mather, M.D., had a patient with a case of obstinate gleet, which had defied the treatment of two reputable practitioners. When seen the case was more than six months old. Thinking the disease must have a deep seat, he passed a metallic sound and found no stricture, but some tenderness in the membranous portion. He made connection between a small catheter and a Davidson's syringe, by means of a small rubber tube. The catheter he introduced to the posterior part of the membranous portion of the urethra and injected twice daily, for two weeks—

R.	Plumbi acet.,			
	Zinci acet.,	ss	gr. iss	
	Aquæ,		f. ʒ viij.	M.

At the end of two weeks the patient was discharged cured, and six months afterward the discharge had not returned.—*The Physician and Surgeon, April, 1881.*

BATTEY'S SOLUTION FOR ECZEMA:—

R.	Iodini cryst.,	ʒ ss
	Acid. carbol. cryst.,	ʒ j.

Combine the two by gentle heat.

Dr. Bellamy, of Wilmington, N. C., states, in the *North Carolina Medical Journal*, that the above formula has given him more satisfaction in the management of those intractable forms of skin disease characterized by intolerable itching, and more particularly in eczema marginatum, than any other parasiticide.—*Drug. Circular.*

INFANTILE SYPHILIS:—

R.	Hydrarg. bichlor.,	gr. j
	Potass. iod.,	ʒ iv
	Syr. aurantii,	
	Aquæ,	ss f. ʒ ij.
		M.

SIG.—Five drops for a child about two months old, increased to fifteen or twenty drops if the disease does not yield.—*R. W. Taylor, M.D.*

Dr. Taylor has made this subject his especial study, and his experience has been that the above formula is highly efficacious. It is important to suspend the medicine altogether from time to time, as the system acquires a tolerance for it.—*Med. Gaz.*

Miscellany.

—Apropos of the pork scare recently caused by her Britannic Majesty's vice representative at Philadelphia, whose English gullibility was most likely played upon by Yankee speculators, the *Boston Medical and Surgical Journal* gives us some very reassuring statements. After commenting on the great

rarity of cases of trichinosis in this country, it says: "We have before us at the present moment a clinical lecture by Professor Da Costa, delivered to his class only two months since, at the Pennsylvania Hospital, on acute trichinosis, marked by continuous fever and severe muscular symptoms, and illustrated by a case, which begins as follows: 'The case now before you is a striking one from more than one point of view. It presents a typical illustration of a disease which I have RARELY had the opportunity of presenting before the class.' Again, Dr. Rauch, of the Illinois State Board of Health, informs us that there have been only twelve known deaths from trichinosis in the last ten years in that State. This journal deems it hardly likely that we have selected all our diseased pork for foreign export, and kept the healthy animals for our own consumption." It also gives the conclusions of the French Academy on the question, which results entirely antagonize the fears raised by Consul Crump's statements. The fact that a gentleman of sufficient intelligence to be placed temporarily in the position of representative of a great country like England, in a great city like Philadelphia, should, through carelessness, or ignorance, or design, use his official position to paralyze one of our great industries, can in the mildest terms be characterized only as a want of good judgment and an act of precipitate indiscretion for which he should be severely censured.

LEPROSY IN THE UNITED STATES.—At a meeting of the New York Academy of Medicine, held January 20th, 1881, the following resolution was adopted:—

Resolved, That a committee be appointed by the president, to investigate the extent to which leprosy prevails in the United States. The president appointed as such committee, Drs. H. G. Piffard, F. R. Sturgis, and G. H. Fox. The committee are desirous of ascertaining the actual number of lepers in this country at the present time, and to that end respectfully request any physician who may know of the existence of a case in his neighborhood to communicate the fact to the chairman of the committee, at No. 10 West 35th St., New York.—*Med. Record.*

A NEW MEDICAL KNIGHT.—The Queen has signified her intention of granting the order of knighthood to James Risdon Bennett, M.P., late president of the Royal College of Physicians.—*Med. Record.*

REGULATING MEDICINE IN COLORADO.—The Legislature of Colorado has just passed a law regulating the practice of medicine. A board of examiners is soon to be appointed by the Governor.

—Dr. Francis Carter, one of the leading physicians of Columbus, Ohio, and Dean of the Starling Medical College for many years, died February 26th, aged sixty-seven, of inflammation of the throat.

—Dr. William A. Hammond's daughter has written a novel, to be published by Putnam, the plot of which is based on the facts of "double consciousness."—*Med. Record.*

—Vice Consul Crump will, no doubt, be pleased to learn that the inhabitants of one of the Cannibal Islands have discovered *trichina* in an American missionary.

—Mark Twain says there is something very fascinating about science—it gives you such wholesale returns of conjecture for such trifling investments of fact.

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Contents.

ORIGINAL COMMUNICATIONS:—

- Descending Sclerosis of the Tract for Tactile Sensations and Coordination, Locomotor Ataxia; its Anatomy, Physiology, Pathology, Diagnosis and Treatment. By HUGO ENGEL, A.M., M.D., F.A.A.M., etc. 81
- Lectures on the Pathological Anatomy of the Skin. By JAMES TYSON, M.D. 84

EDITORIAL:—

- Medical Congresses. 88
- Short Articles Desired. 91

BOOK REVIEWS:—

- Anatomical Plates. By Wm. H. Darling, M.D., and A. L. Ranney, M.D. The Diseases of Children. By Wm. Henry Day, M.D. Diseases of the Spinal Cord. By W. R. Gowers, M.D. An Introduction to Pathology and Morbid Anatomy. By T. Henry Green, M.D. Syphilis and Marriage. By Alfred Fournier. Diagrams of the Nerves of the Human Body. By Wm. Henry Flower, F.R.S. 91
- Books Received. 93

SOCIETY MEETINGS:—

- American Laryngological Association, Third Annual Meeting. 93

SELECTIONS AND ABSTRACTS:—

- Nitrate of Silver and Blisters in Eye and Ear Diseases, 87. Hydrate of Chloral in Blennorrhagia, 87. Infusion of Celery Seeds for Irritable Children, 87. Dressing for Burns, 95. An Improved Laryngoscope, 95. Lotion for Iritis, 95. Vomiting of Pregnancy, 95. Local Application for Chilblains, 95. Gargle for Syphilitic Sore Throat, 95. Falling of the Hair, 95. Ointment for Itch, 95. Chlorate of Potassium in Epithelioma of the Eyelids. 95

RECENT PUBLICATIONS 96

DESCENDING SCLEROSIS OF THE TRACT FOR TACTILE SENSATIONS AND COORDINATION, LOCOMOTOR ATAXIA; ITS ANATOMY, PHYSIOLOGY, PATHOLOGY, DIAGNOSIS AND TREATMENT.

BY HUGO ENGEL, A.M., M.D., F.A.A.M., ETC.

For a long time it has been taught that there exists a cerebro-spinal sclerosis, in which the same morbid process takes place in the brain and in the spinal cord as occurs in sclerosis of the posterior columns of the cord (locomotor ataxia) in the latter, and that the cerebral complication simply adds tremor to the symptoms of ataxia, or that it may have tremor as its only sign. It proves how difficult it is to eradicate an error, and mainly to show the incorrectness of such teaching, the following remarks were at first written, but unintentionally they took a wider scope.

Before studying the symptoms of locomotor ataxia, it may be profitable to bring back to our memory again the anatomy and physiology of the parts affected in this disease, and to trace especially those tracts, as far as we are able to do, which mainly interest us here.

Immediately adjoining the posterior median

fissure of the spinal cord are the posterior median columns, a narrow segment, frequently included with the posterior columns. Where the posterior roots of the spinal nerves are attached, on each side of the median fissure, a very fine fissure can be observed, which is in connection with the gray commissure, the posterior lateral fissure of the cord. Between the posterior median and the posterior lateral fissures the posterior columns are situated. A small part of each column, right near the posterior median fissure, is, as it were, divided off by a slight longitudinal furrow, separating the two slender tracts, the posterior median columns, which are most distinct in the cervical region, but are stated by Foville to exist throughout the whole length of the cord.*

These posterior median columns are continuous with the posterior pyramids of the medulla oblongata, which continue to be separated by a small groove from the restiform bodies, which again are continuous with the posterior columns. Some of the fibres of the posterior pyramids go to the corresponding restiform bodies, while the upper part forms the lateral boundaries of the calamus scriptorius. The restiform bodies are, as just mentioned, continuous with the posterior columns, are situated in front of the posterior pyramids, form a part of the lateral boundaries of the fourth ventricle, and, entering then the cerebellum, appear as the inferior peduncle of the latter, while some of the fibres ascend directly through the pons to the cerebrum. The divergence of the posterior pyramids and of the restiform bodies shows the gray matter of the medulla, which is continuous below with the gray commissure of the cord. In the posterior part of the medulla we find the nuclei for the eighth, ninth, eleventh and twelfth pairs of nerves. Fibres from the posterior columns form a part of the longitudinal fibres of the pons, and constitute later a part of the deep layer of the longitudinal fibres of the crura cerebri. Below them are fibres from the cerebellum. These fibres, forming together with some others the tegmentum, pass through the lower part of the thalamus, some through this and the corpus striatum, decussating with each other. They come in connection with the fibres from the corpora quad-

* "Anat., Descript. and Surg." By Henry Gray. Am. ed. from 5th Eng. ed. 1870. p. 575.

rigemina, from the processus ad testes, and ascending form part of the corona radiata, reaching at last the convolutions. Through the fibres of the peduncles of the cerebellum they are in connection with those fibres from the posterior median and posterior columns, which enter first the cerebellum before ascending to the cerebrum. As mentioned already, a part of the connection is made through the processus e cerebello ad testes (superior peduncles of the cerebellum, connecting the latter with the cerebrum). They pass to the testes, and beneath these ascend to the crura and optic thalami; besides, each peduncle forms part of the lateral boundary of the fourth ventricle, and connects with its fellow on the opposite side by the valve of Vieussens. The peduncles are continuous with the folia of the inferior vermiform process and with the fibres in the interior of the corpus dentatum. The fibres of the peduncles decussate beneath the corpora quadrigemina.*

There is no doubt that the nerve fibres mediating coördination travel up the posterior median and the posterior columns of the spinal cord, and then ascend the road we just followed. Neither can it be doubted that there are special nerves to conduct the tactile impressions, as all the different forms of general sensibility may be unimpaired in a person in whom the tactile sense alone is diminished or totally lost.†

These nerves seem to travel up especially the posterior median columns, decussating, like the nerves for coördination, all the way up, and passing perhaps on their way to the posterior median columns, frequently through the posterior columns, and having there some connection with the nerves of coördination and those of common sensation. Some fibres seem to enter the gray matter at the bottom of the posterior lateral fissure, and emerging again, go up the posterior median columns. The nerves for reflex action ascend the gray matter in the middle of the spinal cord, but those for tendon reflex must evidently pass through the posterior columns first before they reach the gray centre of the cord. The nerve fibres conducting the muscular sense, by which we are able, for instance, to tell the position of an extremity without looking at the

latter, seem to ascend the posterior median columns. I will only remind the reader of the connection of the corpora quadrigemina, loci nigri, and corpora geniculata, which are all in such intimate connections with the fibres traced above, with the eyesight and all the complicated movements of the eye and iris.

Although according to the usual order, should now take up the pathology of the disease in question, it will be, for certain reasons which will become apparent to the reader, more convenient to study first the symptoms of locomotor ataxia. In many cases the first sign the patient observes is some affection of the eyes or eyelids. He may be suddenly attacked by ptosis, or some of the muscles of the eye may become affected, although almost never the superior oblique and only occasionally the external rectus. Dilatation, with almost total immobility of the pupil of one eye, may rather abruptly develop itself—always a one-sided affection in this complaint and nearly invariably associated with ptosis—or both pupils may become contracted to a pin's point and be totally uninfluenced by light,* interfering decidedly with vision. These symptoms come on generally very early in the disease, sometimes, as happened in a case under my observation, many (sixteen) years before any other symptom tells us their true significance; but they may appear also at any time of the disease; and some patients never suffer from affections of the eyes. The next, or in some patients the first, symptoms are violent pains, neuralgic in character and mostly shooting, lightning-like, through the lower, or rarer, the upper extremities. These pains generally last only a few seconds, but may repeat themselves many times in an hour or a day, and then again be absent for weeks at a time. In some cases they never leave the patient till very late in the disease, and only in very rare instances they are not met with. Sometimes a zone of impaired sensation exists on a level with the third to the sixth vertebra.† Occasionally, patients complain of vertigo. But either a long time after the appearance of these symptoms, or synchronously with them, disturbance of coördination shows itself. The patient makes this obser-

* Gray, op. cit., p. 603.

† Eulenburg, Ziemssen's Cyclopædia.

* Jonathan Hutchinson, "Brain," July, 1878.

† Hitzig; article on "Atrophy of the Brain," in Ziemssen's Cyclopædia.

vation, in general, accidentally, when attempting to walk in the dark. He loses his balance and cannot make a step under such circumstances, without the aid of a cane. He often ascribes these symptoms to a weakness of his eyesight. If told to stand with his heels together and the feet everted, and to close his eyes, he will fall down the same moment, if not supported. The same way he will lose his balance when asked to walk on a straight line with his eyes closed. The loss of power of coördination and the impairment of sensibility is shown when the patient tries to thread a needle, to button his clothes, or to pick up a small article. He evidently has all the strength necessary to do these, but it is interesting to watch the motions, which are executed with a certain whim, but totally different from the way he intended them to be. That he has lost the tactile sense, or that this is impaired, is proven by the fact that he does not feel the floor on which he stands; he has the sensation as if he had gum soles under his feet. If you put into his vest pocket a three and a five cent piece, and some pennies, and tell him to pick out, for instance, the three cent piece, he will be utterly unable to do so, as he does not feel the coins accurately enough to judge their size; to enable him to do so, he would need the aid of his eyes; but even with this help he has difficulty to grasp the piece, which is too small for his impaired sensibility and lost power of coördination. The more delicate and complicated the motion is, the more the loss of the tactile sense, of general sensation and of coördination, will become apparent. The muscles themselves are not affected, becoming atrophied only in the last stages; the patient is able to kick, and press a person's hand with full force, and the well nourished muscles contract readily, when faradized, except in very advanced stages of the disease.* As mentioned above, with reference to general sensibility, not only the tactile sense is lost, but general sensation impaired and altered. The patient does not feel the point of a needle or the galvanic brush, and he has all kinds of abnormal sensations, especially in the hands and feet. The intellect does not become affected, and while the bladder and rectum are not disordered, as in other spinal diseases, most patients complain of

a too frequent desire to urinate. Notwithstanding reports to the contrary, I have found the tendon reflex* nearly always abolished.

As regards the differential diagnosis of tabes dorsalis, only two diseases can possibly be mistaken for it, affections of the cerebellum and loss of muscular sense. The walk of persons affected with the former diseases is reeling, they vomit frequently, especially when standing erect, have severe headache and vertigo, and are apt to swing to one side, when walking. Persons in whom the muscular sense is diminished will be able to perform all coördinated movements with their eyes open, while in ataxia perfect coördination is impossible, even with eyes open to guide the movement.†

From our knowledge of the anatomy and physiology of the parts affected in this disease, and from the symptoms of the latter, its morbid anatomy can easily be foretold. In the beginning stages we find inflammation and thickening of the interstitial tissue of the posterior columns and posterior median columns, extending, in some cases, along the whole tract we described, but always being a continuous lesion, followed by contraction of the same tissue, which, compressing the nervous substance, causes atrophy of the same, so that here, like in all cirrhotic processes, the healing power of nature, by an effort of cicatrization, etc., occasions the real danger to the patient. In most cases the lesion lies between the fourth cervical and last lumbar vertebrae, but can thence either ascend or descend. Especially of that form of ataxia which begins in the brain and then descends, very few cases are on record, and I will therefore give the history of one which has, besides, a special interest, as it proves that tremor does not exist in this form of sclerosis, no matter if it begins in or ascends to the brain, except it should be as a complication, which would depend upon a morbid lesion not situated in the tract affected in ataxia. Tremors we only find in multiple sclerosis or in paralysis agitans, both differing greatly from ataxia. In case an exactly similar morbid process as happens in ataxia takes place in the tract in the brain described, and descends from there into the cord,

* Da Costa; "Medical Diagnosis." Fifth edition, p. 118.

* Charcot; "Clinical Lectures on Nervous Diseases."

† Da Costa, loc. cit., p. 120.

or *vice versa*, no tremors will be produced. What used to be called cerebro-spinal sclerosis, of which it was imagined that the same pathological changes occur in the brain as in common ataxia in the spinal cord, and of which it was taught that it had all the symptoms of the latter with tremor added, does not exist. Only multiple sclerosis (called also cerebro-spinal sclerosis) exists, but here we have not a continuous sclerotic process, but the latter appears in *patches* along the MOTOR tract. The symptoms of this differ widely from ataxia. There is only one ataxia, *i. e.*, one in this respect, that the morbid process is a continuous one, and has its seat in the tract of the fibres which travel up the posterior and the posterior median columns, it may be in the spinal cord, or there and in the continuation of the same tract in the brain, and that the symptoms of this are, with slight alterations, always the same—the disturbance of co-ordination and of the tactile sense, and of general sensation, being the most prominent signs—and that in case of extension of this same morbid process to the brain only a few special symptoms become added, which do not alter materially the picture of the malady. Certainly I speak of the uncomplicated disease; any complaint may be complicated by almost any other ailment. Tremor, except as a complication, does not appear in posterior sclerosis, being due to a pathological process in the motor tract.

To group the whole together: If in the spinal cord and in the brain the same *continuous* sclerotic process exists—in the encephalon, in the prolongation, as it were, of the posterior and posterior median columns—as occurs alone in these latter parts in the common spinal form of locomotor ataxia, we have simply a descending locomotor ataxia, with all the symptoms of the former and in addition a few special symptoms, due to the disturbance of the somewhat more complicated functions of the parts in the brain just mentioned. A disease which has actually all the symptoms and lesions of locomotor ataxia, but which, in consequence of having its seat also in the same tract in the brain, shows, in addition to the signs referred to, tremor, does not exist. That malady which, based upon sclerosis in patches in the brain and spinal cord, causes, besides many other symptoms of disturbed motion, tremor, is multiple

sclerosis or cerebro-spinal sclerosis. Here we find intervening healthy structure between the sclerotic patches, and the morbid process confined to the motor tract.

The origin of paralysis agitans, a disease, in truth, consisting only of tremor of small oscillations, has not as yet been definitely determined.* The weight of testimony seems to turn the scale in favor of ossified arteries at the base of the brain. This is undoubtedly the cause of the complaint, at least in old persons.

In the following we will first illustrate descending locomotor ataxia.

(To be continued.)

LECTURES ON THE PATHOLOGICAL ANATOMY OF THE SKIN.

BY JAMES TYSON, M.D.,

Professor of Pathology in the University of Pennsylvania.

Delivered at the University, April 15th, 1881.

REPORTED BY LOUIS J. LAUTENBACH, M.D.

Lecture II.—General Pathological Anatomy of the Skin.

To-day I propose to consider with you certain general local conditions, or states, accompanying a number of diseases of the skin. Conditions which become parts of numbers of skin diseases.

We will begin with the exanthemata, or eruptions, and we will study the simple erythema, the papule, the vesicle, the pustule, and desquamation.

While we are able to divide the skin, histologically, into two distinct portions, the derm and epiderm, yet pathologically, there are no distinct divisions. In pathology the cuticle can never be said to be only or entirely involved. Usually, the papillary body is the primary seat of the pathological processes, the cuticle being later involved. So often are these two involved, that some writers regard that one is never diseased without the other. These processes usually begin by alterations in the vascularity of the papillary body, and this alteration is almost invariably a hyperæmia. Before considering these conditions we must inquire into the causes of hyperæmia. They may be external or internal irritations.

By external causes are meant those injuries which occur from our relations to the external world,

* Erb: *Ziemssen's Cyclopædia*; Leyden, "Rückenmarkskrankheiten;" Rosenthal. "Krankheiten des Gehirns."

† The first lecture being but a review of the normal histology of the skin, it was thought that it would not be interesting.

such as a scratch, blow, filth, heat, corrosive agents, or insects, as from the itch insect, or other animal or vegetable parasites.

When we come to the internal irritations, we are less definitely able to put our finger upon them; but, reasoning from analogy, we think that there are internal causes; substances in the blood and the blood endeavoring to get rid of them may give rise to irritation, and thus cause a hyperæmia, with other attendant phenomena. Among these causes may be reckoned the causes which produce the eruptions of scarlet fever and of smallpox, where we regard the local condition as an inflammation of the skin set up by internal causes; noxious influences, which, in the endeavor of the system to throw them off, act as irritants. Such agencies give rise to the erythema of scarlet fever and the pustules of smallpox. Probably, a large number of skin diseases, among which we may include herpes, are the result of an internal poison trying to get out of the system. Some may ask why the skin is selected for this purpose, to which we might answer, that the skin is but one of the organs selected, all the glandular organs being affected. Thus in scarlet fever we see the kidney affected.

The skin is vascularized in such a manner as to retain blood. The capillaries terminate in loops, or in a couple of loops, not so intricate as is observed in the villi of the small intestines, but of the same character.

The conditions of which we are about to speak are the eruptions or exanthems, and of these the first we will consider are the erythemata, or the erythematous exanthems.

An erythema is a simple, diffuse redness of the skin, without any elevation of the surface. A simple redness without swelling, without elevation, it may be circumscribed or diffused or may be scattered in a uniform red color. It is the result of a hyperæmia; it is a simple hyperæmia at first, so far as superficial results are observed. Beside this there is supposed to occur later a wandering out of the corpuscles, not on the surface, but in the deeper tissues of the skin. Sooner or later it is followed by a death of the epidermis, an invariable consequence. After an erythema has existed for a day or two, you find that the superficial or horny layers of the epiderm are peeling off.

The death of the epiderm always occurs differently when the result of a hyperæmia than when it occurs normally. Normally, layer after layer is shed, but here it is shed in bulk. If we cause a hyperæmia by means of a battery of six or eight cells, in forty-eight hours we can pick off some of the dead cuticle, as a result; it peels off sooner or later. We have a number of diseases where erythema is present as a symptom. In scarlet fever we have a hyperæmia, not an inflammation, produced, which, on the eighth or ninth day, is followed by an extraordinary desquamation, the degree of which is dependent on the degree of hyperæmia. Roseola is another condition where erythema exists as a symptom. We have erythema attending many other conditions: thus, in the specimen on the table we have a vesicular eruption, but we also see on the edge of these an erythema.

The second condition which we will consider is the papule or papular exanthem. It may be described as a slight elevation of the skin, which gives the feeling of a shot or hard body under the finger. It is circumscribed, whereas the erythema is always more or less diffuse. The papule is usually redder than the surrounding skin, but not necessarily so. It is not an essential part of the definition, and therefore I left it out.

When we come to study the essential nature of the papule we see a hyperæmia, but we have something else beside, we have here an exudation. The exudation takes place in the papillary body itself. A liquid exudate into the papillary body causes it to be enlarged, to be swollen and take up more room. In consequence of the increased size of the papillary body there is a swelling of the cuticle. The exudate is at first liquid, but later there is a wandering out of the corpuscles, and a proliferation of the cells of the papillary body, which together cause the shot like feeling.

So we see that we have first the serous exudate or transudate, and second, the increase in cells, by wandering out of corpuscles and proliferation of cells of the papillary body.

As a result, sooner or later, the papillary body is markedly enlarged, while the epiderm is simply stretched.

Both the papule and the erythema disappear after death. This is very easily accounted for. The cuticle is elastic, and the recoil of elasticity

on the blood vessels, the blood of which, not having the *vis a tergo*, the natural force from behind, is pressed from the vessels.

The next condition we have for study is the wheal or polypus. It is characterized by a long and broad elevation of the skin. It may occupy a very extensive area, may be long, as if produced by a lash, or it may be long and broad. It is more frequently the natural color than is the papule. Sometimes it is lighter than the skin. The larger it is the more apt it is to be lighter. It is, however, always surrounded by a red areola.

In regard to its essential nature it is a hyperæmia, with an exudation into the papillary body; this exudation is thinner and more watery than the papule, and not corpuscular at all—always a liquid. In the order of simplicity, perhaps it would have been best to have considered this before the papule.

The only disease in which we have the wheal is urticaria or nettle rash.

As an illustration of the seat of papules may be mentioned the first stage of smallpox; it is, however, well marked in quite a number of diseases.

The next condition is the vesicle or bulla. By this is simply meant an accumulation of liquid between the horny and mucous layers of the epiderm. The terms vesicle and bulla only indicate differences in size, the vesicle being small, while the bulla is large. The vesicle is well seen in herpes zoster.

Here we have again the same essential pathology—a hyperæmia of the papillary body with an exudation. Now what is the difference between the papillary body in the wheal and vesicle? In the wheal the exudation is confined to the papillary body, but now it has burst through this boundary and passed up to and through the mucous layer, and is lodged between the superficial and mucous layers of the epiderm. The superficial layer resists the passage of liquid, it is horny, and the cells are dovetailed with each other. Some differences are found, dependent on whether the exudation took place rapidly and violently—pulled the cells asunder—or whether it occurred slowly, when the separation occurs first from the apices of the papillæ, and later, from the sides and bases. In consequence of this we have a peculiar arrangement. We have formed

a system of ridges, due to adhesion of the epiderm to the papillary body, and sooner or later the whole epiderm is separated from the papillary layer.

The causes of this condition are numerous acute irritations, of which the action of heat, burns and scalds, are the most familiar. In pemphigus, herpes, and numerous other cutaneous diseases, we have vesicles produced.

We have finally left for study the pustule or pustular exanthem. It is a circumscribed collection of pus in the epiderm, between the horny and mucous layers of the epiderm. The contents are usually pus, of a yellow color, usually circular, in an areola of redness. Very many are what is known as umbilicated—depressed in the centre. These characters are, however, not constant.

Pustules may originate in two ways, from a primary vesicle or *de novo*. The contents of the vesicle may be substituted by pus. The mechanism of the production is evident; it takes place by a wandering out of the corpuscles as well as a proliferation of the connective tissue cells of the papillary body.

There is another source, also, of the pus in a pustule, ordinarily described, that is a proliferation of the mucous cells of the mucous layer of the epiderm. The cells of the cuticle undergo a peculiar kind of proliferation, in consequence of the fact of their cell wall. The nucleus first multiplies before the cell wall is ruptured, and therefore, gives rise to endogenous cell formation. This is one of the few situations where we have cells produced by endogenous cell formation. Cell wall is hard; the nuclei go on increasing; at last the wall becomes sufficiently thinned, and it ruptures, and the daughter cells are left loose.

Speaking again of the vesicle, the exudation may disappear either by rupture or by being reabsorbed; but, in either case, the epidermis which had been raised by the exudation always dies. When you have gone out rowing, you have all experienced the blisters which have been the result, yet you know, however great the care in plastering it down it has always died. We must always have a new epidermis formed from the mucous layer.

Pustules either tend to recover or not; among the latter we have eczema.

If recovery tends to take place there is a cessation in the proliferating process; the pus dries up and forms a scab or crust.

A notion which has prevailed, and still does prevail in the minds of some surgeons, is, that the scab forms a peculiarly favorable formation for healing. This notion in time past justified the formation of artificial scabs. The scab is a foreign body, and therefore, is an irritant, and theoretically as well as practically I think healing is delayed in consequence. Many skin diseases cannot heal till we have got rid of the scabs.

The second form of pustule originates from a papule. This is how pock or the pustule of smallpox originates.

It is always produced by an over production of cells in the papillary body, not in this instance a proliferation of the cells of the cuticle, but the proliferation of the cells of the papillary body, as well as those of the true skin. As the result of this proliferation immense quantities of these cells are produced and cause a loculosed condition. If you make a section you will see that it is made up of loculi. In consequence of the migration out of corpuscles, a network is formed which sooner or later is broken down, and the whole cavity is full of pus.

This form of pustule is especially characterized by being umbilicated—a simple depression in the centre, which is one of the diagnostic points of smallpox.

How is the umbilication brought about? The only seemingly correct explanation, in my judgment, is that which makes it due to a hair. Each hair is surrounded by numerous small cells; the inner sheath of the hair is composed of epidermis, and adheres more firmly to the hair, while the epiderm around it is pushed up. Others account for it by, as they say, the different rate of distention of the tissue, in different parts of the pustule, taking place more early and rapidly on the periphery, and gradually traveling inward. The cause of the distention being the cell production.*

Finally we have to refer to desquamation. We have already referred to this as taking place from erythema, but in the present condition we mean

an over production of the cuticle in the first place, and in time being shed, as in psoriasis.

Why it occurs is difficult to say; ordinarily high degrees of hyperæmia result in a death, and not a proliferation, but sometimes it must occur. It may be that the hyperæmia is not so intense, and therefore proliferation occurs, and as layer after layer is deposited, the nutrition is not, at length, able to reach the outermost layers, and they die and give rise to the desquamation.

—The *Maryland Medical Journal*, for May, contains an article by Edmund C. Rivers, M.D., Chief of Clinic to the Chair of Eye and Ear Diseases, University of Maryland, in which he condemns the indiscriminate and unintelligent use of nitrate of silver, and blisters in eye and ear diseases. In it he says, "Properly used, silver nitrate is in some cases a remedy of inestimable value, and results are obtained from its intelligent use, such as cannot be procured from any other treatment. But these cases are comparatively few in number. When indiscriminately used for corneal, iritic and retinal diseases, in the hand of those unskilled in the treatment of eye affections, it becomes a power for untold evil, and few drugs in our pharmacopœia are capable of greater and more permanent injury. Considering the vast number of cases which come under the observation of the *Specialist*, in which these two remedies, silver nitrate and blisters, have been most indiscreetly and improperly employed, it would be far better if the general practitioner should strike them entirely from his list of eye remedies, and substitute in their stead the milder astringents of zinc sulphas, borax, etc., in very weak solutions. Remedies which are less restricted in their application and much more powerful for good, while at the same time they are much less potent for evil.

—Dr. Pasqua has used Hydrate Chloral in Blenorhagia, 1 ½ gram (21 ½ grs.), to 120 rose water, for injections. The injections are made twice a day, and the fluid retained for a few minutes. On the third or fourth day the frequent desire to urinate and the erections lessen and become less painful. The flow diminishes and becomes clear, and ceases completely in eight or ten days.—*New York Med. Abstract*.

James J. Hale, M.D., Anna, Ill., strongly recommends an infusion of celery seeds (*Apium Gravelens*) given almost ad libitum to irritable children. He much prefers it to the stronger narcotics, and says, "It is astonishing what good babies can often be made of the most fretful and restless."

* Auspitz and Basch, *Virchow's Archives*, xxviii.

The American Specialist.

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PRESLEY BLAKISTON,

1012 Walnut Street, Philadelphia.

PHILADELPHIA, JUNE 1, 1881.

MEDICAL CONGRESSES.

The past month has been one of paramount interest to physicians. Three medical congresses have met, transacted their business and adjourned to meet again in 1882. The American Medical Association met in annual session in Richmond, Va., on May 3d, and continued in session through the 3d, 4th, 5th and 6th of the month. This was followed by the convention of the American Laryngological Association, which held its session in the Hall of the College of Physicians, in Philadelphia, and occupied the dates May 9th, 10th and 11th. Last, but not least, we must chronicle the convention of the Pennsylvania State Medical Society, which took place in Lancaster, and covered May 11th, 12th and 13th. To the kindness of Editor Landon B. Edwards, M.D., of the *Virginia Medical Monthly*, we are indebted for full daily reports of the doings of the American Medical Association. With characteristic enterprise and energy, he issued a daily number of his journal during the session of the Convention, and kindly and promptly mailed them to us. The first day was mainly occupied in the organization of the Convention. The address of welcome was delivered by Governor F. W. M. Holliday, of Virginia. Dr. Cunningham, from the Committee of Arrangements, read communications from the several social clubs of Richmond, tendering the hospitality of their respective houses to the mem-

bers of the Association, which was accepted with thanks. Dr. John T. Hodgen, of St. Louis, the president of the Association, then delivered his annual address, and a mighty sensible discourse it was. Among other things he paid a high tribute to specialists, in saying, "In the best sense, a specialist is a physician and something more; in the worst, he is something else and something less than a physician." In concluding his address a paragraph deserves especial prominence, containing, as it does, a hint to the younger members of the profession, which may serve to direct their tastes and their labors into a channel of original research in which there is ample room for many men to make great reputations. He said, "In acknowledging our ignorance regarding the precise nature of such variations from the normal standard as we believe must exist in diseases like scurvy, scrofula, tuberculosis, etc., we recognize the existence of wide, uncultivated fields, rich, no doubt, in promise to future investigators. A more perfect animal chemistry, a more thorough histology, and a deeper research into the possibilities of pathological change, will doubtless throw many a ray of light into regions where the darkness is now too dense for our vision to penetrate. To these fields coming generations of physicians will surely be attracted, in the faith that as man advances in knowledge, and approaches somewhat nearer to the comprehension of the perfect wisdom which designed the wonderful physical organism through which he is brought into relation with the world around him, he will be enabled to solve more and more of the difficult problems which now perplex and baffle us, and will gradually raise medicine to a position more nearly akin to that now accorded to the exacter sciences. Dr. Joseph H. Warren, of Boston, Chairman of the Committee of Foreign Delegates Abroad, then made an interesting report of the meeting of the British Medical Association, which he attended last August, in Cam-

bridge. He became very enthusiastic on the question of establishing a national weekly journal under the auspices of the association (an idea suggested some years ago by the publisher of this journal), and quoted the remarkably great success of the *British Medical Journal*, in support of his views. The rest of the day was occupied by the meetings of the various Sections, at which papers were read, as follows:—

Surgery and Anatomy. Dr. Joseph H. Warren, of Boston, Mass., exhibited a lot of instruments designed by himself.

Dr. Burnett reported a case of ulceration of the vermiform appendix.

Dr. James E. Reeves, of Wheeling, West Va., presented for Dr. B. W. Allen, of Wheeling, a report of a case of pyonephrosis, exhibiting a nephritic calculus weighing four hundred and eighty grains.

Diseases of Children. Dr. H. I. Bowditch, of Boston, read a paper, entitled "The relation between Growth and Disease."

Dr. Busey, of Washington, "The relation of Meteorological Conditions to the Diarrhoeal Diseases of Children."

Dr. White, of Boston, "Some of the causes of infantile Eczema, and the importance of Mechanical Restraint in its treatment."

Dr. D. H. Goodwillie, of New York City, "Thumb Sucking."

Ophthalmology, Otology and Laryngology. Dr. G. I. Stephens on the "*Perimeter*," invented by himself for measuring the field of vision.

Dr. W. C. Jarvis, "Nasal Catarrh with Hypertrophy."

Dr. Chisolm, on the "Treatment of Conical Cornea."

Practice of Medicine, Materia Medica and Physiology. Dr. W. C. Wile, Sandy Hook, Conn., "Blood-letting as a therapeutic measure in Pneumonia."

Obstetrics and Diseases of Children. Dr. Paul

F. Mundé, of New York, made a brief recapitulation of the rules governing the introduction and supervision of vaginal pessaries.

We have given a summary of the first day's proceedings, because we intend to have the audacity to criticise the method pursued at these conventions, and we wish this statement of the proceedings to point our criticism. In the first place, let us ask what is a convention or congress? In his unabridged Dictionary, Webster defines a *congress* as "*A formal assembly, as of deputies, representatives, envoys, or commissioners; particularly a meeting of the representatives of several courts, TO CONCERT MEASURES OF COMMON INTEREST.*" A convention he defines as "*An assembly of delegates or representatives, TO ACCOMPLISH SOME SPECIFIC OBJECT, civil, political, or ecclesiastical.*"

Let us now see if the congress just closed was in reality a convention, according to the definition of Webster. From the full reports before us, we find that the greater portion of each day's proceedings consisted of the reading of a paper on some subject by some gentleman who had certain views on this subject, and was desirous of telling his ideas to the convention. When he had finished, some gentleman would get up and differ with him, and give his reasons for so differing; physician number three would then arise, and, differing from number two, and agreeing with number one, would ventilate his views. So on, one after another would have his say, until finally, the chairman of the Section would request Dr. So and So to close the discussion, and a motion to adjourn would be carried, to be followed the next day by the same proceeding. What was the outcome of all this discussion; was any *specific object accomplished*; were any *measures of common interest established*? By no means. For example: the first day's session of the Section on Practice of Medicine was occupied by the reading of a paper by Dr. W. C. Wile, on "Blood Letting in Pneumonia." No less than fifteen physicians had

something to say about this paper, and it was clearly evident from their remarks that each one had his own ideas on the subject of blood letting, entirely uninfluenced by the paper which had been read. Finally, on motion of Dr. Gross, the Section adjourned. Did they *accomplish any specific object*? We think not. When the Congress of the United States or the Legislature of any particular State assembles, the members discuss among themselves the questions of public interest which may be brought to their notice, and after ample discussion a vote is taken, and if the measure under discussion is passed, it becomes *law*. Some *definite object* is accomplished. They do not discuss the various topics brought before them *simply* for the enlightenment of the members, and adjourn, leaving them where they found them; they either make them a part of the law or they do not do so, they reject them. Not so with our medical conventions. We realize that, of course, it is impossible to lay down absolute therapeutic laws for the guidance of physicians in the practice of medicine, since, of course, each doctor has the right, and it is perfectly proper that he should have, of using whatever means of curing disease his individual experience may have recommended to him as the best. But what we do say, in all humility, and with the greatest respect for the members of the American Medical Association, is, that we fear much valuable time is not as well occupied as it might be, in these annual conventions. These papers which are read, and more exhaustive discussions than they receive, could just as well reach the medical profession through the agency of our journals. The time occupied by the convention is not sufficiently long to admit of lengthened and useful debate on the therapeutic problems advanced. Hence these questions must necessarily be left in an unsettled and unsatisfactory condition. Each man must either be left in doubt or must retain the views he had before he heard the paper read. Few, if any, are convinced, or

their views altered by the reading of an article, or the hasty and superficial discussion upon it which ensues. The very idea of attempting to settle definitely, to reconcile the diversity of opinion upon the myriads of medicinal questions before the world, in a sitting of *four days*, is, at least, a herculean task, which, we fear, is impossible of achievement. Hence why attempt it. If this is not the purpose intended, why, then, are these papers read? As we said before, could they not be published and criticised more carefully, more leisurely, more thoroughly and more accurately in our medical journals? Therefore, we would ask, would it not be putting time to better use, to allow the reading of essays and their criticisms to be relegated to the monthly meetings of the various medical societies, and their publication to the various medical journals, and for the delegates from these societies, when they meet in national convention, to confine themselves to the discussion of questions about which they can arrive at some definite conclusion. There are many such points; we need not mention them here, for we presume all physicians are familiar with them.

After considerable discussion and alteration the Association adopted the following amendment to the Code of Ethics: "It is not in accord with the interest of the public or the honor of the profession that any physician or medical teacher should examine or sign diplomas or certificates of proficiency for, or otherwise be specially concerned with, the graduation of persons whom they have good reason to believe intend to support and practice any exclusive and irregular system of medicine."

Dr. Joseph J. Woodward, of Washington, D. C., a native of Philadelphia, and now the chief assistant in the office of the Surgeon General in the army, was elected president of the Association for the ensuing year, and Dr. Wm. B. Atkinson was continued as secretary, a position he has held for seventeen years.

We give a report of the doings of the American Laryngological Association on p. 93 of this number.

The Pennsylvania State Medical Association, in addition to the reading of numerous papers on various subjects, did some very good work. In the first place, it discussed the formation of a State Medical Library. Dr. Wm. B. Atkinson then gave a short account of the efforts now pending in the legislature for the establishment of a State Board of Health, which we ought to have. It is a crying shame that the second State in the Union should be without this absolutely necessary body, when many smaller, younger, less populous, and less civilized commonwealths have had theirs for some time. McClure's "*Roosters*" are too busy with their personal interests and profits to care much for the public welfare. A committee was appointed to prepare a form to be recommended to the county Medical Societies, providing for the preliminary examination of applicants as students in medicine—a most excellent idea. Dr. J. L. Zeigler, of Mount Joy, Lancaster County, was chosen president for the ensuing year, and Titusville was designated as the next place of meeting. A motion made by Dr. Turnbull, for the appointment of a committee to bring the question of "Defective Hearing of Locomotive Engineers" to the railroad authorities and to the legislature, praying for necessary legislation in reference to the subject, was adopted. This kind of business, transacted by our State Society, is what we mean, when we suggest that the time of the American Medical Association might be better occupied than in reading essays, which, after all, have for their chief purpose the advertisement of their authors.

WE are desirous of making this journal the medium for disseminating the latest discoveries and ideas on the *special* branches of medicine. We would, therefore, request specialists to send

us occasionally short notes of anything that may seem to them to possess peculiar interest for the *Specialist*. They will all be welcome. It is hard work to write a long article for publication, therefore, we say to our friends, that we would prefer short articles. We have thirteen columns for original matter. We would prefer six articles a little over two columns each in length, to two articles a little over six each. We are now overstocked with long articles; what we want is short ones. Send them to us, and thus help the special branches of medicine.

BOOK REVIEWS.

ANATOMICAL PLATES. By Wm. H. Darling, M. D., and A. L. Ranney, M. D. New York: G. P. Putnam's Sons, 1881. Price \$3.00.

This is an American edition of Professor Masse's celebrated French Anatomical Atlas. It is a most worthy American representative of this well-known French work. It is a book of value to every medical man, be he student or practitioner. Having the explanatory text on the page opposite the plate described will make it a useful guide to the student in dissecting, for by this arrangement he need not ruin a handsome and valuable book by soiling its pages in turning from one to another with his bloody and besmeared hands. The practitioner can, by reference to these plates, on the eve of a surgical operation, refresh his memory and bring back to his mind the anatomical knowledge acquired in the dissecting room. We can recommend this work as well worth the price asked for it. No country physician's library can be complete without a work of this kind, and we know of none that we can more highly commend.

THE DISEASES OF CHILDREN. By William Henry Day, M.D. Philadelphia: Presley Blakiston, 1881. Price \$6.00.

We would have very many good things to say of this book did space permit. As it is, we can heartily recommend it, and can truthfully say that every general practitioner ought to read it. Physicians are very apt, entirely too much so, to regard many of the ailments of children as of little or no consequence; to attribute their sickness to indigestion, to worms, or to some trivial cause, and to leave their disordered systems to right themselves. In many cases, unfortunately, this negligence on their part allows the growing body to be ruined for life. We have in our mind, at present, a medical gentleman of great ability, much respected and with a large practice, whose pa-

tients are wont to say of him, "We would not have Dr. So and So for our children, because he thinks nothing of childish ailments and will do nothing for them." After reading Dr. Day's introductory remarks and his chapter on debility, we are sure that children in sickness, even when apparently insignificant, will receive more serious consideration and attention than they heretofore have been accustomed to from the majority of physicians. Dr. Day is eminently calculated, by extended experience, to write a work on diseases of children, and we have no doubt the volume before us will be recognized as the latest standard book on this subject. We must particularly commend the remarkably clear and intelligible style used by him, particularly because it is so rare; most standard text books are dry and laborious reading, while Dr. Day's book is couched in such easy, flowing language that it is absolutely a pleasure to read it.

DISEASES OF THE SPINAL CORD. By W. R. Gowers, M.D., F.R.C.P. Philadelphia: Presley Blakiston, 1881. Price \$1.50.

This is the second edition of an address which was delivered by Dr. Gowers in 1879, before the medical society of Wolverhampton. As physician to the National Hospital for the Paralyzed and Epileptic, Dr. Gowers possessed unusual facilities for the study of diseases of the nervous system. The most perplexing points in nervous diseases is the diagnosis, and on this point Dr. Gowers gives some valuable information. The knowledge of nervous diseases is yet in its infancy, and the profession must hail with delight any really valuable addition to this branch. Owing to the nervous haste with which we are developing our enormous country, nervous diseases are alarmingly on the increase. Our large cities are all well supplied with gentlemen who make a special practice of this branch of their profession, but outside of our cities, there are many patients suffering with nervous diseases, who must, by the force of circumstances, be treated by the general practitioner. Hence, some knowledge of this subject becomes essential to the successful practice of every physician. To those who can afford to buy more than one book on this subject, we can recommend the work before us, as a most useful adjunct to the larger and more comprehensive works on nervous diseases.

AN INTRODUCTION TO PATHOLOGY AND MORBID ANATOMY. By T. Henry Green, M.D. Philadelphia: Henry C. Lea's Son & Co., 1881. Price \$2.25.

Very few general practitioners in this country know anything about pathology and morbid anatomy. The more the shame. They ought to. In a young and growing country like ours, every one seems de-

sirous of accomplishing his particular desire with as little expenditure of time and labor as possible. Hitherto, medical students have been no exception to this rule. Pathology, not constituting a part of the *regular* curriculum of our medical colleges has been neglected. What was absolutely necessary for graduation has been studied, that which was not has been given the go by. As a result, in after years, many of these hastily made doctors, attaining the "*age of reason*," have commenced to regret their want of good sense when students, and feel very keenly the necessity for knowledge of the branches they have neglected. Prominently among these neglected studies, stands pathology. They feel their deficiency in this knowledge. Yet, engrossed in a large practice, they do not feel equal to the study of any of the large and exhaustive works on this subject. To such, the work before us will prove a Godsend. It is the Fourth American Edition, from the Fifth English Edition, which fact alone shows how it has been welcomed and appreciated by the profession. It is concise, clear, reliable, and readable. Every word tells; no useless and tiresome verbosity; just enough to convey to the mind of the intelligent reader what the author desires to say. We recommend it as fully worth its price.

SYPHILIS AND MARRIAGE. By Alfred Fournier. Translated by P. Albert Morrow, M.D. New York: D. Appleton & Co., 1881. Price \$2.

A more useful book for the general practitioner could not be written. Every physician in active practice has been often approached by a patient with the perplexing question, "I have had syphilis; now Doctor I contemplate matrimony; can I marry without fear of poisoning my wife and producing syphilitic offspring?" This is a most puzzling question. As Dr. Fournier says, the wrong advice either way may entail a lifetime of misery, and the responsibility of deciding this vital question, a terribly grave responsibility, rests with the physician. Read this work, and when you are next asked such a question, you can answer it with intelligence, accuracy and authority.

DIAGRAMS OF THE NERVES OF THE HUMAN BODY. By Wm. Henry Flower, F.R.S. Philadelphia: Presley Blakiston, 1881. Price \$3.50.

A third edition of a successful and beautiful work. A very useful guide to the country surgeon, who having become a little rusty on anatomy, and possessing no facilities to refresh himself by dissection on the cadaver, may by reference to these diagrams prepare himself for a surgical operation, but a book which should be kept away from students (except as a companion to the scalpel and forceps), for anatomy can never be learned from books alone.

BOOKS RECEIVED.

—*Anatomical Plates*, arranged as a companion volume for "The Essentials of Anatomy." By Wm. H. Darling and A. L. Ranney. Edited by Ambrose L. Ranney, A.M., M.D. New York: G. P. Putnam's Sons, 1881. Price \$3.00.

—"The Diseases of Children." A Practical and Systematic Work for Practitioners and Students." By William Henry Day, M.D. Second edition, rewritten and much enlarged. Philadelphia: Presley Blakiston, 1881. Price \$6.00.

—"Diseases of the Spinal Cord." By W. R. Gowers, M.D., F.R.C.P. Second edition. Philadelphia: Presley Blakiston, 1881. Price \$1.50.

—"An Introduction to Pathology and Morbid Anatomy." By T. Henry Green, M.D., London. Fourth American from the fifth revised and enlarged English edition. Philadelphia: Henry C. Lea's Son & Co., 1881. Price \$2.25.

"What Every Mother Ought to Know." By Edward Ellis, M.D. Philadelphia: Presley Blakiston, 1881. Price 75 cents.

—"Medical Electricity. A Practical Treatise on the Applications of Electricity to Medicine and Surgery." By Roberts Bartholow, A.M., M.D., LL.D. Philadelphia: Henry C. Lea's Son & Co., 1881. Price \$2 50.

—"A Manual of the Practice of Medicine, Designed for the Use of Students and the General Practitioner." By Henry C. Moir, M.D. New York: Steam Press of the Industrial School, H. O. A., 1881.

—"Nervous Diseases, Especially in Women." By S. Weir Mitchell, M.D. Philadelphia: Henry C. Lea's Son & Co., 1881. Price \$1.75.

—"Diet for the Sick." By J. W. Holland, M.D. Louisville: John P. Morton & Co., 1881. Price 45 cents.

—"Aphorisms in Fracture." By R. O. Cowling, A.M., M.D. Louisville: John P. Morton & Co., 1881. Price 40 cents.

—"The Student's Guide to Medical Case Taking." By Francis Warner, M.D., Lond. M.R.C.P. Philadelphia: Presley Blakiston, 1881. Price \$1.75.

—"On the Antagonism Between Medicines and Between Remedies and Diseases, being the Cartwright Lectures for the Year 1880." By Roberts Bartholow, M.A., M.D., LL.D. New York: D. Appleton & Co., 1881. Price \$1.25.

—"Hydrophobia." By Horatio R. Bigelow, M.D. Philadelphia: D. G. Brinton, 1881.

—"A Treatise on Bright's Disease and Diabetes." By James Tyson, A.M., M.D. Philadelphia: Lindsay & Blackiston, 1881. Price \$3.50.

Society Meetings.

AMERICAN LARYNGOLOGICAL ASSOCIATION.

The Third Annual Meeting of the Association was held in the hall of the College of Physicians, at Philadelphia, on May the 9th, 10th and 11th, and was well attended by laryngologists from all parts of the country.

FIRST DAY.

After an address of welcome by Dr. Harrison Allen, Chairman of the Committee of Arrangements, the President, Dr. J. Solis Cohen, opened the exer-

cises by delivering the President's Address, in which he called attention to the progress made in laryngology during the past year, as was evinced by the large number of additions to the literature of this special branch of medical science. He stated that there was now published a journal exclusively devoted to laryngology, in America, and one in France, and that in the near future one in Germany and one in England could be expected to appear. He further congratulated the Association on the large amount of original work done by its members, and reviewed novelties in laryngology and the treatment of laryngeal abscesses, introduced lately, such as the illumination of the larynx by electricity, by means of incandescent platinum wire or a small Geissler tube; the reduction of the sensitiveness of the fauces by the ether spray; the treatment of nasal diseases by cinchonidia and by salicylate of quinia in powder, and finally the treatment of follicular pharyngitis and hypertrophy of tonsils by galvano-cautery. The address also contained an obituary notice and biographical sketch of the late Dr. Davis, of Chicago, the founder of the Association and its first Vice President.

Dr. F. I. Knight, of Boston, then read a paper on "Lupus Laryngis," which was rather a report of three cases of lupus of the larynx. In the first case the laryngeal manifestations had followed lupus on the face; in the second it appeared first in the larynx and then on the face, and in the third there was no external evidence of the disease. The Doctor gave a minute account of the clinical features of these cases, which were illustrated by colored drawings of the laryngeal images.

Dr. Morris J. Ash, of New York, then read a report of a case of lupus of the pharynx and larynx without external manifestations, giving the clinical features of the case. He then cited the literature on the subject, and came to the conclusions that lupus of the larynx and pharynx was not as rare a disease as was supposed, that females were more liable to it, and that it usually began in the velum palati. The prognosis, he said, was always unfavorable.

Both these papers were discussed together, and the drift of the discussion was that the differential diagnosis between lupus of the larynx and syphilitic ulcerations was very difficult to make, and that cases which presented no external manifestations were, therefore, necessarily doubtful.

Dr. Andrew H. Smith, of New York, then read a paper on "Certain Neuroses of the Throat," in which he called attention to peculiar conditions of the larynx and pharynx giving rise to peculiar sensations, such as neuralgia, sense of constriction, or displacement of the larynx, and a tickling in the throat, without

discoverable lesions. This latter symptom, the Doctor said he had observed frequently as one of the earliest signs of laryngeal phthisis. As treatment, he recommended sedatives, tonics, and change of air. Very little discussion followed this paper.

AFTERNOON SESSION.

The first paper read was one by Dr. Beverly Robinson, on "The Laryngeal Affections of Pulmonary Phthisis," and in it he called attention to the peculiar pallor of the mucous membrane, the aphonia due to changes in the muscles, or to ankylosis of the crico-arytenoid articulation, to the ulcerations giving rise to pain in deglutition when situated on the epiglottis, and to cough when in the inter-arytenoid space, to the papillary growths in the same locality, producing paroxysms of cough, and which, unless they interfere with breathing, should not be removed by evulsion, and then entered at length into the consideration of the pathology of tubercle, stating it as his opinion, that tubercular disease of the larynx is very rare, if it occurs at all. His conclusions were, that the laryngeal affection of phthisis frequently precedes the pulmonary infiltration, that the laryngeal lesions should be treated locally, and that tracheotomy in such cases was justifiable as a palliative measure.

Dr. W. Porter, of St. Louis, then read a paper on the "Prognosis of Laryngeal Phthisis," in which he stated that, in a certain number of cases, the disease is curable, and that the prognosis need not necessarily, always be so very unfavorable. He supported his views by relating the history of several cases of laryngeal phthisis which had recovered.

Dr. F. H. Bosworth, of New York, next read a report of a case of "Tubercular Ulceration of the Mouth and Tongue," and in concluding his paper, stated that in his opinion tubercular ulcerations in the mouth were local manifestations of the general disease, and might either precede the pulmonary symptoms or be contemporary with them.

A lengthy discussion on tuberculosis and phthisis then followed, in which most of the members participated.

In the evening the members took dinner with the President, Dr. J. Solis Cohen.

SECOND DAY.

The morning session of the second day opened with a business meeting, after the close of which

Dr. Louis Elsberg read a very elaborate paper on the "Histology of the Thyroid Cartilage" in particular, and of cartilages in general, which was illustrated with a number of excellent drawings. After the conclusion of the paper, which did not call forth any discussion, the Doctor showed an apparatus for illuminating the larynx, which consisted of a metal cylinder

fitted with a bull's-eye condenser, and which could be used in connection with either the lime light, gas burner, or student lamp, and which seemed to give a very satisfactory illumination. He also showed and explained Trouve's galvanic accumulator for galvanocautery purposes.

Dr. W. C. Glasgow, of St. Louis, then read a paper "On the operation for deviation of the nasal septum," and showed a new instrument for performing the operation of cutting and crowding back into its original position the cartilaginous plate, which is afterwards retained in position by wooden plugs introduced into the nostril. This paper called forth a lengthy and animated discussion.

Dr. Carl Seiler, of Philadelphia, next read a paper on "The effect of the condition of the nasal cavities upon articulate speech," in which he discussed the formation of the different component parts of articulate speech, and proved that by the sound and character of the speaking voice alone, a complete or partial stenosis of the anterior or posterior nares, or of paralysis of the velum-palati, could be diagnosed. After the reading of his paper the Doctor exhibited a galvano-cautery knife devised by him, in which the insulating of the two wires was accomplished by vulcanized fibre, a substance not affected by heat and a perfect non-conductor of electricity.

AFTERNOON SESSION.

In the afternoon, Dr. J. O. Roe opened the exercises by reading a report of a case of "Laryngeal Whistling," in which a clear whistling sound was produced by the vocal cords with the laryngeal mirror in position.

Dr. Glasgow then reported a case of "Paralysis of the Abductor Muscles of the Larynx," in which the exciting cause was undoubtedly seated in the nerve centres.

Dr. Clinton Wagner, of New York, then read the report of a case in which he had performed Sub-Hyoidan Pharyngotomy for the removal of the epiglottis, the seat of a malignant growth. The author gave a minute description of the details of the operation, and stated that from the experience gained in this case, and in others, where the epiglottis had been removed or mutilated, he was induced to believe that this organ did not play as important a part in the act of deglutition as was supposed.

Dr. G. M. Lefferts then read a paper on "The Question of Hemorrhage after Tonsillotomy," and in it stated:—

1st. That it was the impression of the general practitioner that the operation of ablating the tonsils was always followed by severe and dangerous bleeding.

2d. That the specialist, by virtue of his greater

experience in the matter, was convinced that hemorrhage is not at all frequent.

3d. That fatal hemorrhage is very rare, and that dangerous bleeding may occur, but can usually be controlled by pressure upon the larger arteries, and by torsion of the bleeding branches.

Considerable discussion followed this paper.

By request of the author, who was unavoidably absent, Dr. C. E. Sajous' paper on "Paralysis of the Vocal Cords by Lead Poisoning," was read by title.

In the evening, the members of the Association were entertained at a reception given them by the Philadelphia Laryngological Society, at the rooms of the Penn Club.

THIRD DAY.

The morning session was opened by a paper by Dr. W. C. Jarvis, of New York, on "Hyperæmia of the Larynx." Which was followed by a paper by Dr. J. O. Roe, of Rochester, on "The Comparative Value of Atomized Fluids in the Treatment of Diseases of the Larynx." Both papers were followed by lengthy and interesting discussions.

At the close of the exercises, Dr. W. H. Daly's paper on "The Relation of Hay Asthma and Nasal Catarrh," was read by title.

The Association then went into private session and elected Dr. T. K. Knight president for the ensuing year. Dr. E. L. Shurly, of Detroit, first vice president, and Dr. W. Porter, of St. Louis, second vice president. Dr. Harrison Allen, of Philadelphia, was elected to fill a vacancy in the Council.

Niagara Falls was chosen as the place for the next annual meeting.

In the afternoon the members of the Association and a number of invited guests participated in an excursion to Atlantic City, tendered by the Camden and Atlantic R. R., and were entertained magnificently by several of the hotel proprietors.

Selections and Abstracts.

DRESSING FOR BURNS.—

R. Iodoformi, 3j
Spermaceti, 3j
Ext. conium, 3ij
Acid carbol., gtt. x.

Spread on soft material and cover burnt parts.

—*Can. Jour. Med. Sc.*

AN IMPROVED LARYNGOSCOPE.—Paul Landowsky (*Lyon Med.*, No. 41, 1880), recommends that an ordinary bright spoon be fastened to a candle in such a manner that the concave surface of the spoon will act as a reflector. This rough device may render valuable aid at times, in illuminating the fauces.—*Rocky Mountain Medical Review.*

LOTION FOR IRITIS:—

R. Morphine sulph., gr. iv
Zinci sulph., gr. iij
Atropiæ sulph., gr. ij
Aquæ dest., 3j. M.

SIG.—As a lotion.—*Dr. Bartholow.*

—*Med. Gazette.*

VOMITING OF PREGNANCY:—

R. Cerii oxalat., gr. j
Ipecacuanhæ, gr. j
Creasoti, gtt. ij.

SIG.—To be taken every hour.—*Dr. Goodell.*

LOCAL APPLICATION FOR CHILBLAINS:—

R. Acid carbol., 3j
Tinct. iodini, 3ij
Acid tannici, 3ij
Cerat. simpl., 3iv.

SIG.—Ointment.

—*Med. Brief.*

GARGLE FOR SYPHILITIC SORE THROAT:—

R. Hydrarg. bichlor., gr. vj
Acid hydrochlor., gtt. xij
Syr simpl., f. 3j
Aquæ dest., ad. f. 3viij. M.

SIG.—Use several times a day.

—*Med. Summary—Quarterly Epitome, March, 1881.*

FALLING OF THE HAIR.—Mr. James Startin, in the *British Medical Journal*, suggests the following application in general loss of hair without obvious cause:—

R. Vaselini, aa 3ss
Ol. ricini, aa gr. v
Hydrarg. ox. rub., f. 3ss
Liq. amm. fort., gtt. v. M.

—*Boston Journal Chem.*

OINTMENT FOR ITCH:—

R. Balsam of Peru, 3j
Benzoic acid, gr. cx
Oil cloves, gtt. xl
Alcohol, f. 3ijss
Simple cerate, 3vij.

Dissolve the essential oil and the benzoic acid in the alcohol, and mix them with the cerate; lastly, add the balsam of Peru.

It is said to effect a cure in twenty-four hours.—*Canada Med. Rec.*

—Dr. M. Landesberg recommends the use of chlorate of potassium as a local application in *Epitheloma, of the Eyelids*. He says this remedy was first recommended by Tedeschi, in 1847. Dr. L. gives several cases in which he applied a thin coat of finely powdered chlorate of potassium, repeating the procedure at first every day, then every other day, with very good results. The healing was slow and tedious, but the final results satisfactory.—*Med. Bulletin, May, 1881*

Recent Publications.

AMERICAN AND FOREIGN.

*.*Any books in this list sent postpaid on receipt of price by the publisher of THE AMERICAN SPECIALIST.

- Bartholow, Roberts, A.M., M.D., LL.D.** Medical Electricity; a Practical Treatise on the Applications of Electricity to Medicine and Surgery. 96 illustrations. 8vo. Cloth. 264 pp. 2.50
- Boucher, F.** New Method of Horsemanship. 12mo. Cloth. .75
- Beard, G. M., M.D.** Sea-Sickness, Its Nature and Treatment. New enlarged edition. 12mo. Cloth. 1.00
- Beard, G. M., M.D.** American Nervousness; Its Causes and Consequences. 8vo. 380 pp. 8vo. 380 pp. 1.00
- Brodhurst, Bernard E., F.R.C.S.** On Anchylosis, and the Treatment for the Removal of Deformity in Various Joints. 4th edition. 8vo. 100 pp. Illustrated. 2.00
- Byford, W. H.** On the Chronic Inflammation and Displacement of the Unimpregnated Uterus. New edition, enlarged. 8vo. Cloth. Illustrated. 2.50
- Cook, Marc.** The Wilderness Cure. 12mo. Cloth. 1.00
- Cowling, R. O., M.D.** Aphorisms in Fractures. 16mo. Paper, .25; Cloth, .50
- Creighton, Charles, M.D.** Bovine Tuberculosis in Man. An Account of the Pathology of Suspected Cases. With illustrations. 8vo. 130 pp. Cloth. 3.75
- Dun, Finlay.** Veterinary Medicine. 598 pp. 8vo. Cloth. 3.50
- Edwards, Joseph F., M.D.** Dyspepsia. How to Avoid It. Discusses food and digestion, states how food should be cooked, and plainly shows how and what we ought to eat. 16mo. Cloth. .75
- Elderhorst, W.** Manual of Qualitative Blow-Pipe Analysis, and Determinative Mineralogy. New edition, rewritten and revised by H. B. Nason. 371 pp. Illustrated. 12mo. Cloth. 2.50
- Fleming, G.** Veterinary Obstetrics. 772 pp. 8vo. Cloth. 6.00
- Fournier, Alfred.** Syphilis and Marriage. Lectures Delivered at St. Louis Hospital, Paris. Translated by P. A. Morrow, M.D. 8vo. Cloth. American edition. 2.00
- Garretson, James E., M.D.** A System of Oral Surgery. Treatise on the Diseases and Surgery of the Mouth, Jaws, and Associate Parts. New edition, revised. With plates and illustrations. 8vo. Cloth, \$8.00; Sheep, 9.00
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- Mac Namara, C.** Lectures on Diseases of Bones and Joints. 2d edition, much enlarged. 8vo. Cloth. 4.20
- "The volume is doubled in size, and we may also add, in value and importance. It will doubtless prove acceptable to a large number in the profession, for it is well written, and is a happy combination of scientific and practical surgical teaching."—*London Lancet*.

- Martin, John.** Contributions to Military and State Medicine. 1st volume. Giving the Effects of Health and Disease on Military and Naval Operations. 8vo. Cloth. 306 pp. 4.20
- Mason, Francis, F.R.C.S.** On the Surgery of the Face. Luttonian Lectures for 1878.
- "Mr. Mason touches, in a light and easy style, on almost all the deformities, diseases and injuries which can be included under the subject of the surgery of the face."—*Medical Times and Gazette*.
- Mivart, St. George, PH.D., F.R.S.** The Cat. An Introduction to the Study of Back-boned Animals, especially Mammals. With 200 illustrations. 580 pp. 8vo. Cloth. 3.50
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Contents.**ORIGINAL COMMUNICATIONS:—**

Lectures on the Pathological Anatomy of the Skin. By JAMES TYSON, M.D. 97

Short Papers on Syphilis By CHAS. W. DULLES, M.D. 100

Descending Sclerosis of the Tract for Tactile Sensations and Co-ordination, Locomotor Ataxia; its Anatomy, Physiology, Pathology, Diagnosis and Treatment. By HUGO ENGEL, A.M., M.D., F.A.A.M., etc. 102

BOOK REVIEWS:—What Every Mother Ought to Know. By EDWARD ELLIS, M.D. Diet for the Sick. By J. W. HOLLAND, M.D. Aphorisms in Fracture. By R. O. COWLING, A.M., M.D. A Manual of the Practice of Medicine. By HENRY C. MOIR, M.D. 105
Books Received. 105**EDITORIAL:—**

Specialists. 106

SELECTIONS AND ABSTRACTS:—

Affections of the Eye caused by Masturbation, 108. Ocular Symptoms in General Diseases, 109. Cascara Amarga in Syphilis, 110. Excessive Eating as a cause of Eczema, 110. Jamaica Dogwood in Gonorrhoea. 110

MISCELLANEOUS:—

Medical Economy, 111. Cinchona Consumption, 111. Philadelphia College of Pharmacy, 111. Want of Acknowledgment, 111. Bread Earned by Sweat, 111. Smell of Death, 111. Dangerous Rags. 111

RECENT PUBLICATIONS, American and Foreign. 112

LECTURES ON THE PATHOLOGICAL ANATOMY OF THE SKIN.

BY JAMES TYSON, M.D.,

Professor of General Pathology and Morbid Anatomy in the University of Pennsylvania.

Delivered at the University April 22d, 1881.

Reported by LOUIS J. LAUTENBACH, M.D.

Lecture III.—Hypertrophies of the Skin.

[The first of these lectures, which appeared in our June issue, was inadvertently not submitted to the lecturer for revision, hence some errors occurred. In future they will be revised by him.—Ed.]

Having considered certain general pathological states of the skin at the last lecture, we will pass on to the study of a series of conditions, rather more specialized, but still of a general character, which may be included under the general term of hypertrophies.

In considering these conditions we must first recall the relation which the epidermis bears to the papillary body; that it, in fact, is derived from it. The cells of the papillæ wander out to the periphery, and form the first row of cells without the papillary body, the first layer of the rete malpighii, which recede and give place to successive layers of younger cells, until finally they

become the oldest and most peripheral cells of the horny layer. It is interesting to note that the same cells which, remaining in the papilla, constitute connective tissue corpuscles, become, as soon as they pass the boundary line between the corium and epiderm, epithelial cells.

The first of the hypertrophies of the epiderm to which I call attention is the *callosity*. It is an overgrowth or thickening characterized by a horny hardness, and is invariably associated with pressure on a particular part. It is most marked on the hand of the laborer, and soon stamps the hand of the constant oarsman or batsman. It is a simple increase in the number of layers of the epiderm, and is the result of an increased vascularity—a hyperæmia of the papillary body. A more intense hyperæmia would result in a blister, but the moderate degree alluded to produces a moderate and gradual, but still increased supply of pabulum, and a consequent thickening of the epiderm. The horny layer thus produced differs from the normal horny layer only in the greater number of its strata.

The next of the hypertrophies is the *corn* or *clavus*. Here we have the same overgrowth of the horny layer of the epiderm as in the callosity, but it differs from it in the fact that, instead of growing exclusively outward, the direction of the growth of its central portion is also inward. In the callosity the older layers are pushed out by the young layers, but here the latter seem to force their way downward at the expense of the papillary body. The result of this downward growth is that the corn is not so much elevated above the surrounding skin, though such elevation is always present in a degree, as you well know.

If you make a cut through a corn you will find layer upon layer of the epidermis, with their convexities downward, and in consequence pressing the underlying and exquisitely sensitive papillary bodies, causing their atrophy. Sometimes, indeed, corns cure themselves by encroaching on the papillary bodies to such a degree as to destroy them by exciting inflammation and suppuration.

Corns are also the direct result of a hyperæmia of the papillary body, due to pressure. But here the pressure is exercised differently from what it is in the simple callosity. In the latter, it is applied to a part which is comparatively fixed and

immovable; in the corn, the pressure, usually that of a boot, is exerted on a part that is movable, and it is less directly applied. In the callosity the pressure is exerted directly over the part affected.

The next of these hypertrophic states of the epiderm is the *keratoma*, which may be circumscribed and diffused. The circumscribed form is rare, but here are two well-marked instances, in preparations taken from life; in the one, a horn an inch long, growing from the temple, and another over two inches in length, growing from the wrist. The diffuse form produces a peculiar fish-scale-like appearance of the skin, called *ichthyosis*, also well shown in the preparations before you.

If we take one of these scales and make a section we will find a very interesting histological structure. It is found to be made up of a number of prisms, or columns, which on transverse section are found composed of concentric layers of epithelial cells, arranged about a central canal, although the cellular structure is not easy of demonstration, unless the scale be treated by a solution of potash. Each one of these columns corresponds to a papule upon which it rests. If we break a scale off we will find a large number of depressions in its base, each corresponding to a papule. The same process extends also into the hair follicles; without, however, involving the hair bulb. Since the process does not originate in the hair follicle, it is only an overgrowth of the epidermis which encloses the hair. Hence, the nutrition of the hair in its upper third is interfered with, and it dies.

Notwithstanding the superficial difference in the circumscribed keratoma, or horn, the mode of production is precisely similar to that of the scale. If you examine the horn you will find a vertical striation which corresponds to the columns in the scales of *ichthyosis*, and if you break the horn off you will find again on its base a number of depressions corresponding each to a papilla. Here, too, the process interferes with the hair follicles, but yet does not start from them; each column is an overgrown papilla.

Among these same conditions we include the peculiar distortions to which the nails in their overgrowth are subject. As a consequence of injuries the nail of the great toe often grows in the

vertical direction rather than in length, and thus acquires extraordinary thickness, suggesting, indeed, a short, stubby horn, which has to be trimmed from above, and not at the end.

It must be remembered that the nail is an epidermic structure, with its deeper or malpighian layer, resting on a depression in the papillary body, which is called the matrix. The papillæ differ from those of the papillary body elsewhere, in being arranged in parallel straight, instead of curved lines, which give rise to the longitudinal striæ on the surface of the nail. The nail grows chiefly by the addition of cells from that part of the matrix which underlies its posterior extremity, the lunula. In this manner it is pushed upward and forward, sliding over the anterior portion of its bed, which contributes but slightly, if at all, to its thickness.

Now if the matrix, the cells of which are the source of the nail, is in any way injured, and substituted by cicatricial tissue, the development of the nail is irregular and uneven, and according to the degree of injury we have the varying degrees of deformity, including those which present superficial transverse markings or depressions, due to the irregularities in the rate of growth or temporary injuries to the matrix, as well as ugly, horn-like projections, which sometimes substitute the nail of the great toe after it has been crushed by a powerful force. In the latter the anterior part of the bed of the nail produces rapidly numerous layers of epithelium, one upon the other, thus raising the nail from its bed, and causing it to grow, as it were, in an upright direction.

A better defined deformity of the nail is that to which Virchow has given the name *onychogryphosis*, or *claw-like* deformity, from the Greek *ονυξ*, a nail, and *γρυφωσις*, crookedness. The disease is one of the entire matrix, and in it, in addition to the elevation and loosening of the front of the nail, the posterior part contributes a rapid thickened, incurved or twisted growth, of a brown or yellowish color, and horn-like consistency—the whole resulting in the deformity named.

Here, too, the nails of the toes are more frequently affected than those of the fingers, and in old persons. These conditions also result not merely from injuries, but also as the result of cer-

tain skin diseases, as psoriasis, ichthyosis, leprosy, and as the result of constitutional disease, as syphilis.

To the *hypertrophies* of the skin belong also the *warts* or *verruca*, but to a hypertrophy of the epiderm is added also a hypertrophy of the papillary body, while in the conditions heretofore considered the epidermis only played a part.

There are several varieties of warts. The common hard wart, *verruca vulgaris* or *verruca dura*, consists of a more or less circular collection of enlarged papillæ, the intervals between which are filled by large numbers of transition cells of the mucous layer of the epiderm, and the whole covered with a horny layer, but little thicker than in health. Each of the prominences of the wart corresponds to a single papilla. They become more or less distinct from each other as the wart grows older, as the result of fissures in the horny layer, which generally extend themselves toward the bases of the papillæ, from three to twenty of which a single wart is composed. The *verruca vulgaris*, as the result of variations in shape, receives at times the name *v. plana*, *v. filiformis*, *v. digitata*.

The *papilloma cutis* or *cauliflower excrescence* of the skin is a similar growth, known in its smaller form as porrum or acrothymion. It differs from the ordinary wart, in that the constituent papillæ do not possess a common covering of horny layer, and that the papillæ are overgrown laterally as well as vertically; but there is here also a dilatation and elongation of the capillaries and a rapid hyperplasia of the connective tissue in which they lie. It is, in fact, inflammatory in character, and the fissures and clefts on its surface are generally bathed in pus. Although similar in growth, which is rapid, and in its outward form, to the pointed condyloma, it is in no other way allied to it, and it is not due to venereal disease of any kind. It is a benign growth, and may occur upon any part of the body and at any time of life.

The *verruca acuminata*, *condyloma acuminatum*, or pointed condyloma, I have already said is similar to the smaller examples of papilloma cutis, both in outward shape and mode of growth. In these two there is an absence of a common horny layer to the closely set more or less solid mass of hyperplastic papillæ. Another peculiarity pointed out by Biesiadetzki is an excessive development of

the mucous layer of the epiderm, which is the cause of the softness of the condyloma, as well as its red, fleshy aspect; its resemblance, in a word, to mucous membrane.

The favorite seats of the pointed condylomata are the genitals—the glans penis and prepuce in the male, and the labia and vagina in the female; but they are also found in the neighborhood of the anus, and more rarely in that of the mouth, umbilicus, axillæ and toes. The individual prominences are not always acuminate, as the name would indicate; they are sometimes short and club-shaped, at times distinct and dotted over a swollen mass, as in the preparation I show you, of condyloma about the anus; at others they are close set and give the appearance of the lobules of a red raspberry; or they may give rise to an appearance like granulation tissue.

They vary in size, often reaching that of a hen's egg, as in the specimen before you, or they may even become as large as a fist. Their most striking peculiarity is the disgusting fetor to which they give rise, and which is due to the decomposition of a purulent secretion by which they are constantly bathed.

The pointed condylomata are believed to be due to the irritating secretions of venereal disease, and especially to that of gonorrhœa, but they are not the result of constitutional syphilis.

The *condylomata lata*, the flat or broad condylomata or mucous patches, come next to be considered. They are characterized by a more diffuse lateral overgrowth of the papillary body, while the connective tissue is also the chief seat of the hyperplasia rather than the epidermis, which is exceedingly thin. The resultant is a flat, rounded elevation, about a line in height and from two to five lines in width, and upon its surface the papillæ appear as rounded elevations of the second order. It is of a pale red or dirty red color, and in the folds between adjacent papillæ accumulates a cheesy, epithelial mass, whose decomposition repeats the stinking odor of the pointed condyloma already described.

Mucous patches occur in those situations in which opposing surfaces are repeatedly brought into contact, as in the nates, perineum, axillæ, beneath the mammæ in women, etc. They are

one of the results of secondary syphilis, but it would seem that they are capable also of being excited by the secretion and moisture incident to opposed surfaces. Here an accumulation of cheesy epithelium is apt to occur, which emits a most unpleasant odor, and sometimes, as the result of a rapid catarrhal separation of cells, supuration is seen to occur, extending even to the subcutaneous connective tissue.

Among the broad condylomata are sometimes included certain flat, tabular, circular elevations of the papillary body, about an inch in diameter and two lines in height, first described by Beigel, under the name *papilloma area-elevatum*, and which consists of an œdematous hyperplasia of a group of papillary bodies over which the epidermis is but slightly altered. According to Rindfleisch these growths seem to bear some relation to irritated conditions of the central nervous system. The papillary bodies themselves are but slightly sensitive.

Finally, we have to consider the *soft* or *fleshy wart* (*verruca mollis vel carnosae*). These include the moles, both pigmented and unpigmented. Some are mere flat, tabular elevations, but slightly raised above the surface, while others are quite as high as the hard wart. The pigmented moles are familiar to all of you; the soft unpigmented moles are very common on the back and face of old persons. They are also, however, congenital, when they are called mother moles, or, *navi materni*.

In the soft mole the connective tissue of the papilla is the principal seat of the hyperplasia, the epithelium being little increased, or, indeed, altered, except as the result of pigmentation; to a slight degree also does the growth involve the connective tissue of the corium, very rarely only the entire corium and subcutaneous tissue. The hyperplasia shows large numbers of small cells, and a small amount of soft intercellular substance, in fact, granulation tissue.

TO REMOVE FISH BONES.—Fish bones lodging in the pharynx are rendered flexible and are finally broken up by a mixture of hydrochloric acid, 4 parts, or nitric acid 1 part, to 240 parts of water, used as a gargle, the teeth being protected by oil or lard.—*Drug. Circular.*

SHORT PAPERS ON SYPHILIS.

BY CHARLES W. DULLES, M.D.,

Lecturer on the Venereal Diseases, at the Philadelphia School of Anatomy.

II. Primary Manifestations: The Initial Lesion (Chancre) and near Lymphatic Involvement.

The nature of syphilis is, fortunately, not so obscure as its origin; although in different ages different views have been entertained in regard to it, and even now there is not an entirely unanimous agreement among the men who have devoted the most time and attention to its study.

At present there are two views, one called the theory of "unicism," the other that of "dualism." According to the theory of unicism, all venereal ulcerations, whether what Hunter called hard chancres or what he called soft chancres, are syphilitic. Unicists claim the poison to be identical in both classes. The fact that the former are invariably followed by remote manifestations of syphilis, and the latter never, they explain on the hypothesis that the difference is due to the different soil into which an identical seed falls. According to the theory of dualism, there is no syphilis but syphilis. Its initial lesion usually has certain characteristics, while sometimes these are masked by accidental influences, so that the real chancre may present every physical phenomenon of a simple local ulcer, which, however, it is not. Such modified and typical lesions have given rise to the erroneous impression that the simple venereal ulcer (chancroid), may be derived from a syphilitic, and in turn, communicate this disease to others. The crucial test, it is claimed by dualists, is that no lesion which proved to be the starting point of true syphilis was ever derived from an individual who did not then or soon after have what are known as remote manifestations of the disease; and, conversely, that no person unaffected with what is sometimes tautologically called *constitutional* syphilis, ever communicated this disease to another. Thousands of confrontations, in which the giver and receiver of syphilis have been brought together, prove that when the second has syphilis, so has the first.

The controversy over these two theories has been long and sometimes bitter. We may not now go into it. Any one who has the desire and the opportunity may follow it through the medical

literature of most of this century. The issue has been that, with a few exceptions, the most eminent syphilographers are dualists. There are still some distinguished adherents of the unicist theory, but they are not numerous and the number is steadily decreasing.

This being, then, the generally accepted theory, that syphilis is distinct from all other venereal diseases, in that it is constitutional—not purely local—we dismiss the chancroid from our present consideration, except as it may be incidentally necessary to compare or contrast its appearance with that which is sometimes presented by the true chancre, the initial lesion of syphilis.

Syphilis, except when hereditary, is communicated from an individual already affected to one as yet unaffected, by means of the inoculation of a specific poison or virus. This virus has never been isolated. From time to time believers in the germ theory of disease have discussed what they thought to be the fungus that causes syphilis. Every such description has been proved to be erroneous, and no more is now known as to the physical, chemical and vital characteristics of the syphilitic poison than was known four hundred years ago. Still, it is universally believed that there is such a poison, which must effect an entrance into the body in order to exert its influence. In whatever place and in whatever way it is inoculated, it starts the disease to which it owes its birth.

The first evidence of this disease is usually indistinguishable for some days after the inoculation has taken place. After a week or two, or even more, there appears a little spot, like a mosquito bite, which is not painful or likely to attract attention, unless, from its own nature, or by reason of accidental influences, it becomes ulcerated. If this do not take place, we have the simplest, most perfect initial lesion. If it does, then we usually find a shallow, sloping, rather excoriated than ulcerated surface, covered with a scanty, clear, viscid secretion. This is the so-called primary syphilitic ulcer.

But, as the simplest lesion imaginable may become irritated and inflamed under the influence of accidental circumstances, and take on an appearance of unnatural virulence, so may the initial lesion of syphilis, so *does* the initial lesion

of syphilis, if subjected to the influence of any mechanical, chemical or physiological irritant, become distorted by an angry inflammation, which may mask all its simple characteristics.

If we examine a section of a typical initial lesion of syphilis (chancre) under the microscope, we find that there is present an infiltration of small, round cells into the perivascular spaces and lymphatic meshes of the papillæ of the skin. It is this infiltration which causes the induration usually found in the true chancre. Induration is a very characteristic sign of such a lesion, and one of great diagnostic value. Yet, it is not infallible, when present; nor is its absence conclusive against the notion of syphilis. For accidental influences sometimes cause rapid ulceration of an initial lesion of syphilis, as a consequence of which the infiltrated portion is broken down and cast off, after which one might search in vain for the sign of induration, or attempt to predicate a prognosis upon its absence. It would be as reasonable to hunt for the sign of a tavern that had burned down, and to deny that it was a tavern if that could not be found. In such cases no physical signs of the chancre might be demonstrable; but the sequel would be sure to correct any error of diagnosis dependent upon the lack of them.

Let it be always borne in mind, that any lesion that is the starting point of syphilis, is an initial lesion of syphilis—a chancre; and that nothing else ever is. Any definitions or tests depending solely upon the physical appearances of the lesion may lead to grave errors. When all the signs of a chancre are present, it is safe to say there is a chancre; but, it is by no means safe—it is in the highest degree hazardous—to say there is no chancre, because any or all of the physical signs are absent.

After the appearance of the initial lesion of syphilis, there occurs often, though not always, an inflammation of the lymphatic ducts leading to the nearest cluster of glands. This condition is most frequently found on the dorsum of the penis, where it is easily detected and presents an unmistakable sensation to the examining touch. At about the same time that this occurs, the nearest cluster of glands is involved, becoming slightly swollen and harder than is normal. They

are not made more sensitive, and they so rarely undergo active inflammation and suppuration, that the suppurating bubo was once taken to be a proof of the non-syphilitic character of the primary lesion. This was a mistake which no one should now make, for almost every syphilographer has seen suppurating buboes follow true chancres. I have myself seen them in the axilla, after non-venereal inoculation with syphilitic virus upon the forearm, which was followed by the whole train of other symptoms of syphilis.

The lesions we have just considered—the initial lesion and the involvement of the nearest lymphatic ducts and glands—belong to what is called the primary stage of syphilis. They are sometimes classed together as “primary syphilis;” but this is a loose and inexact expression, which ought never to be used. For syphilis is a unit; there is but one syphilis, which is continuous and indivisible. There are primary, secondary and tertiary manifestations, which usually appear at certain well-marked intervals, but they are only varying symptoms of a disease that knows no intermissions.

This chronological division was first suggested by John Hunter, and subsequent experience has modified but little the views he entertained. The order of appearance of the manifestations of syphilis is usually pretty well marked by stages, to which the names Hunter used may be applied. Yet it must never be forgotten that this, like so many other statements that may be made in regard to diseases, is usual, but not invariable. For the lesions of syphilis, which ordinarily do not come on until months have elapsed, may follow close upon the heels of the earliest, or, indeed, be found at the same time that they are.

With this fact ever in mind, there is no danger of error in using the term “primary manifestations” to indicate the lesions we have just considered, as distinguished from those which shall later engage our attention, under the denomination of “secondary” and “tertiary.”

—Professor Ludwig Waldenburg, of the University of Berlin, died on the 21st of April. He was physician to the Charité Hospital and Editor of the *Berliner Klinische Wochenschrift*. He devoted much time and study to diseases of the respiratory organs, and was the author of a treatise on the subject.

DESCENDING SCLEROSIS OF THE TRACT FOR TACTILE SENSATIONS AND COORDINATION, LOCOMOTOR ATAXIA; ITS ANATOMY, PHYSIOLOGY, PATHOLOGY, DIAGNOSIS AND TREATMENT.

BY HUGO ENGEL, A.M., M.D., F.A.A.M., ETC.

No. II.

In the first part of this article we described the anatomy, physiology, pathology and the diagnosis of locomotor ataxia, and gave at some length the differential diagnosis between the latter disease, multiple sclerosis, paralysis agitans, and descending locomotor ataxia. We will now illustrate the latter malady.

N. M., 46 years, of healthy parentage, driver of a street car, with no taint of the system whatever, well developed muscles and healthy looking, came to me August 12, 1880, with the following history: Seven years ago, while he was driving his own milk wagon, the horse suddenly shied, became unmanageable, and ran away. The wagon was upset, and Mr. M. fell with the right side of his head, and with such force, against a cobblestone in the gutter, that he became totally unconscious. They picked him up, and carried him home, where he continued in the state of unconsciousness for about eight hours longer. When he awoke he complained about a great deal of headache on the left side. No other injury could be detected at that time, except the concussion of the brain, and some scratches, abrasions and swelling of the integument on the right side of the face and head. The headache gradually ceased, and Mr. M. attended, about a week later, to his business again. Four years passed by, and nothing ever disturbed his good health during this period, except at long intervals some headache on the left side of his head, and more near the forehead. The four years were about over, when M. observed that he was occasionally giddy in the morning, his eyesight seemed to become impaired, and it appeared to him as if he had sometimes a slight difficulty in remembering a word, *i. e.*, he would suddenly stop while talking, and hunt for a word, which he used readily enough as soon as it either came back by itself to his memory again, or somebody else pronounced it. At the same time he had severe shooting pains, which, lightning-like, extended along both sides of his neck to

the spine, and later down the arms. After nearly a year these pains gradually ceased, and he then began to feel a numbness in his arms, and especially in the hands, and formication. He now noticed, also, that he could not pick up small objects with his fingers as readily as formerly, that he could not thread a needle, and found difficulty in buttoning his clothes. Another year passed, when he was suddenly attacked, one night, by the former pains again, which now darted down his legs. They continued to recur frequently for a period of about six weeks, when they gradually disappeared, and troubled him later only occasionally. With the decrease in the frequency of these painful attacks numbness set in in his legs; he felt as if he was walking on gum, and experienced difficulty in going out in the dark. The disturbance in his speech meanwhile slightly increased. He walked very erect, stepped with considerable force on his heels, and could execute only with great difficulty co-ordinated movements with his hands. When I saw him, in August, 1880, for the first time, he had all the symptoms of ataxia; in fact, his was a typical case. His pupils were motionless and contracted to the smallest point possible. Only two symptoms were peculiar and seemed not to belong to the ataxia. One was the disturbance in his speech, which was evidently due to a mild degree of aphasia. He would occasionally forget a word, and stop in the middle of a sentence. If any one told him the lost word, he would smile and continue his talk until again interrupted by a similar accident. I could detect no sign of agraphia. As he would find the word momentarily lost, if given time enough, it must have been that form of aphasia in which there exists an occasional interruption of the conduction of the word from the seat of its memory to the centre of articulation in the medulla oblongata.* The other peculiar symptom was the following: Whenever he arose in the morning, from his bed, in fact, whenever he got up from any place, where he had been sitting or lying down for any length of time—if even only for a few minutes—he would feel very giddy, and make the first few steps in a reeling manner, and always as if pushed from behind, in the direction to the right side; after

these few steps he would walk on in his usual ataxic way. Even when having stopped while walking, and after standing a while, the same reeling and the same turning toward the right would be observed in the first steps he made. During the cold weather he complained about a frequent desire to urinate. I could detect neither a stricture in his urethra, nor albumen in his urine, nor anything wrong with the bladder. This symptom improved a little under treatment, but in the beginning of December of the same (last) year, he caught a severe cold, and contracted a bronchitis, which had almost disappeared after one week's duration, when pain over the kidneys, again a frequent desire to urinate, and swelling of the ankles showed themselves. The urine contained now a large amount of albumen, blood, blood casts and epithelial casts. For a short period the case progressed apparently favorable, the acute morbus Brightii seeming gradually to leave, when, in the middle of January of this year, the urinary secretion suddenly diminishing, uræmic symptoms—sleepiness, stupor, coma, with high-pitched, stertorous breathing* and convulsions—set in, and notwithstanding the administration of all possible means to drive the urea out of the system, the patient died January 17, A.C., of uræmic poisoning. The post-mortem examination showed a diseased brain and spinal cord, and the kidneys in the acute stage of morbus Brightii. The microscopical examination revealed a sclerotic patch at the bottom of the middle of the left third frontal convolution. This pathological change extended from a small segment of the corona radiata, to the lower part of the optic thalamus, and from there it followed the tract described above. Only the direct connection of this morbid process with the patch in the convolution could not be shown, as a small part of the brain below the latter had become unfit for examination. The inferior peduncle of the cerebellum, that part which probably consists of fibres from the restiform bodies alone, was equally affected by the same morbid change, which extended deeply into the cerebellum. A larger patch of sclerosis, but continuous with the other morbid process, about the size of a small split pea, occu-

* Kussmaul, article "Aphasia," in Ziemssen's Cyclopædia.

*Addison, Guy's Hosp. Reports, 1859, cited in Da Costa, op. cit., p. 683.

pied the right side of the uvula, the furrowed band and a part of the right amygdala. The part of the posterior medullary velum right near the amygdala had disappeared, and the nidus hirundinis was filled up by a mass which consisted of broken down nerve tissue, altered blood corpuscles, and a very few pus corpuscles. The parts had not been well prepared for examination, and some had undergone softening to an extent that staining was useless, hardening impossible, and the lesions could not be followed up on some places, which under more favorable circumstances might have been done more accurately. The pia mater was thickened, opaque and discolored by a pigment above the sclerotic spot, and adherent to the arachnoid. The posterior pyramids and restiform bodies showed both a small continuous line of the same process, and in the posterior median and in the posterior columns of the cord the above mentioned morbid changes of *tabes dorsalis* were found. The other organs were healthy. This case, though only imperfectly examined, on account of the bad preservation of the specimen by an assistant, permits the following explanation: When, seven years ago, the man was thrown out of his wagon, falling with the right side of his head against a cobblestone, the opposite side of the cerebrum received the damage, in accordance with a well known physical law. There was not only concussion of the brain, but blood effused, to a very slight extent perhaps, but sufficient to give rise later to an inflammation, which insidiously began in the left third frontal convolution, and descended from there, very gradually, the tract described; or the lesion in the cerebellum happened simultaneously and ascended and descended from this starting point, which is the more probable, as diseases of the cerebellum may run for a long time a latent course.*

Cases of this kind must necessarily be rare, as mostly the injury inflicted affects other parts also, and the case becomes a complicated one, pushing, often, in consequence of graver signs, the symptoms of ataxia into the background. This case shows besides what we need, careful and minute examinations of every part of the brain and spinal cord in all such and similar instances, and records

of every symptom of the case, kept with the greatest diligence. While the latter may easily be done, if the physician only adopts the habit once of keeping a careful record of every case, the minute examination of pathological specimens of the nervous system requires so much time, skill and experience, which the busy practitioner can, by no means, have always at his command, that it must be left to specialists. But every practitioner should endeavor to connect himself with a practical microscopist, be informed by him how he wishes the specimens to be preserved till handed over to him, and then take the utmost precaution to let them get into the possession of his friend in a condition most favorable for microscopical examination. The most interesting cases fall into the hands of the hard-working practitioner, and would he always follow the advice given just now, many as yet doubtful questions of pathology would soon be settled.

But after this digression, which the great importance of the points explained for the progress of medicine must excuse, let us say a few words as regards treatment.

If we recognize the case early enough, by the eye symptoms, or by the severe shooting pains, which show that the beginning inflammation and swelling of the interstitial tissue irritate and compress the fibres of the posterior roots of spinal nerves, abstraction of blood near the spine, anointing with unguent. hydrargyri, courses of large doses of iodide of potassium or corrosive sublimate, and perhaps of ergot, are indicated. As regards the fully developed disease—except syphilis be its cause, when an anti-syphilitic treatment can alone do good—I know only two remedies which will influence the ataxia. They are oxide of silver and the galvanic current. Oxide of silver, given in pill form, in gradually increased doses from gr. $\frac{1}{4}$ to gr. x, *pro dosi, ter die*, will arrest the disease temporarily, improve the irritability of the bladder, remove the pains, and disturb slowly the alimentary canal, causing nausea and diarrhoea, when the remedy must be omitted, sometimes for a long period, to be later, perhaps, recommenced, beginning again, though, with smaller doses, as the stomach will not tolerate large doses at once.

Of undoubted value, in more than one respect,

* Da Costa, loc. cit.

is the galvanic current. It is best applied successfully the following way: moisten one electrode and apply it at the lowest possible point the disease may have reached, taking care always to moisten the integument thoroughly with a weak chloride of sodium solution, and keep the other moistened electrode over the highest point to which the lesion may have ascended. Use a sufficient number of cells that the patient feels only a very slight burning, and employ the stable current for about ten to thirty minutes daily, never moving either electrode. It makes no difference if the so called ascending or descending current is used. In case any one of the vertebrae seems to be especially sensitive I would apply the anode over this vertebra, and the cathode over the point of the disease furthest away. The current should never be interrupted, otherwise we get the same result as from the use of too strong a current—badly-healing ulcers. I always prefer to use a larger number of cells with weak chemical action (weak solution of sulphate of copper), rather than a smaller number with strong chemical action (bichromate of potassium, etc.). While I am of the opinion of Prof. H. C. Wood, that with reference to the application of electricity in medicine, the only difference which exists between the galvanic and faradic currents is the fact of the first one being uninterrupted, the latter interrupted, I go further; I say that all the talk about currents of greater or less intensity, but lesser or greater quantity, is, from a clinical-medical point of view, based upon imagination; the former one produces only ulcers if used too strong. I certainly do not refer here to its use in surgery, or to its significance in natural philosophy, but only to its application in medical cases for therapeutic (not diagnostic) purposes. And what do we gain by such an electric treatment as just now described, in ataxia, if persisted in for a year or two? Removal of every symptom of irritable bladder, rest at night and refreshing sleep, disappearance of all pain, great improvement of the tactile sense and of general sensation, slight amelioration of the disturbance of co-ordination, and arrest of the further progress of the disease, perhaps for years.

In conclusion, I may add that manipulation—but not that worse than useless form of massage which consists mainly of pinching and rubbing the naked

skin, but manipulation as taught by Eulenburg, in Berlin, and practiced in this city by Mr. Ruebsam* only—has sometimes a wonderful influence on the disease, and that baths, of whatsoever kind, invariably increase rapidly the ataxic symptoms, a fact observed already years ago by Remak, Benedick, Meyers, and others.

812 N. Fifth street, Philadelphia.

*J. E. Ruebsam, 28 South Eighteenth street, Philadelphia. Highly recommended by Profs. Agnew, DaCosta, Wood, et al.

BOOK REVIEWS.

WHAT EVERY MOTHER OUGHT TO KNOW. By Edward Ellis, M.D. Philadelphia: Presley Blakiston, 1881. Price 75 cents.

An excellent little volume, intended primarily for the laity, but containing very much that will be useful to the physician in his professional intercourse with children. Our very limited space for reviews this month prevents as full a notice of this book as we should like to give. We thoroughly endorse it.

DIET FOR THE SICK. By J. W. Holland, M.D. APHORISMS IN FRACTURE. By R. O. Cowling, A.M., M.D. Louisville: John P. Morton & Co., 1881. Price 40 cents each.

These two very little books constitute the two first volumes of Morton's Pocket Series. They are pre-eminently worth the very small price asked for them. They contain excellent and very valuable information in plain terms and concisely stated. They are better than the majority of the small books constituting the numerous *series* before the public.

A MANUAL OF THE PRACTICE OF MEDICINE. By Henry C. Moir, M.D. For sale by Presley Blakiston.

This book is a compilation. It contains nothing original, and the honest author candidly makes no such claim for it. He has collected together, condensed and systematically arranged the views of the various standard authorities, and has furnished a book which may be useful to the busy practitioner in serving to refresh his memory on some points upon which he may have become a little rusty.

BOOKS RECEIVED.

—"The Sanitary Care and Treatment of Children and Their Diseases." A series of essays. Boston: Houghton, Mifflin & Co., 1881.

—"Diseases of the Nervous System. By William A. Hammond, M.D. Seventh edition, rewritten, enlarged and improved. New York: D. Appleton & Co., 1881.

Transactions, Medical Association State of Alabama. Thirty-third session, 1880.

Transactions of the State Medical Society of Wisconsin. Volume xiv, 1880.

The American Specialist.

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PRESLEY BLAKISTON,

1012 Walnut Street, Philadelphia.

PHILADELPHIA, JULY 1, 1881.

SPECIALISTS.

Is it possible to conceive a mind so comprehensive in its conceptions, so retentive in its memory, and so ready in its applications, as to enable its possessor to receive, retain and properly and judiciously apply the enormously vast accumulation of medical knowledge which exists in the world at the present time? If a man without this ideal mind, possessing only the ordinary or *naturally* extraordinary mind which we find among men, could live to the age of Methuselah, would he have time to read and study and reflect on this enormous mass of information. If he did have time, would he not have forgotten more than half he had learned before he reached the end? Would not his whole time, every second of his existence, be occupied in acquiring this knowledge, leaving him no space for putting its teachings into practice? And this mass of valuable information is daily becoming more and more voluminous. In view of these facts, the old time general practitioners are rapidly becoming reduced in numbers, and it is an absolute necessity that this should be so. In rural districts this proposition does not hold; for the simple and obvious reason that the number of persons living in any given locality is so small that it requires the combined maladies of them all to furnish a living to a single physician, and were several doctors, each with his special branch, to divide the

practice of this same neighborhood, they would all starve. In large cities, however, the case is different. The large number of persons therein congregated present such a variety of diseases, and the amount of sickness in proportion to the number of physicians is so great, that specialists in their various departments are afforded ample reward for their labors. The necessity for specialists is self-evident to any thinking physician. The science of diseases of the nervous system is so extensive, so much light has of late been thrown upon these formerly obscure maladies, that they constitute a branch of medicine far too extensive and intricate to be *mastered* by the gentleman who would at the same time be a thoroughly competent and educated surgeon. The ramifications and intricacies of the science of *medicine* in its strictest sense are far too extensive, and their proper comprehension would necessitate the consumption of entirely too much time to allow the *thorough physician proper* to devote any time to the exhaustive study of the diseases of the eye and ear. Again, every intelligent physician feels that the science of medicine, though very ancient, is still in its youth, if not its infancy. Much doubt still exists on many even fundamental points, and the field for exploration seems almost as limitless as it ever did. Since the advent of specialism, wonderful and unprecedented progress has been made, and naturally so. If a hundred men of nearly equal mental calibre, starting from a common vantage ground, viz., a thorough education in the general and fundamental principles of medical science, diverge in a hundred different directions, each bringing to bear his whole mental machinery on some favorite branch of our science, and devoting his time and energy to the elucidation of the dark problems in his special branch, is it not a logical sequence, that very much more progress will have been made in a given time, than would have resulted if the whole hundred had worked along in the same groove?

For the proper study of any special branch of medicine, a very good understanding of the general principles of medicine is necessary. A knowledge confined to the anatomy, physiology, and pathology of the eye, would make a very inferior oculist.

The same statement holds good in every special branch. Therefore a specialist must, first of all, be a thoroughly educated general physician, who has subsequently devoted his time to the minute study and practice of some special group or class of diseases. If he is a poor physician he will make a still worse specialist. A general practitioner, even though but imperfectly educated, may meet with very fair success in his practice, since a large proportion of the cases he is called upon to treat would, in the natural course of events, recover of themselves, and if he only has sense enough not to do harm, he may pocket his fee and obtain the reputation of a very successful physician. With the specialist the case is widely different. In the majority of cases brought to his notice the tendency is not towards spontaneous recovery, and the most intelligent and accurate treatment is requisite to effect a cure; witness the instances of intractable and protracted cutaneous diseases, which for months, and may be years, have resisted the unintelligent treatment of the general practitioner, yield like magic to the skillfully prescribed medicines of the intelligent dermatologist. Dr. John T. Hodgen, of St. Louis, in his presidential address before the recent meeting of the American Medical Association, said, "In the best sense a specialist is a physician and *something more*." A prominent dermatologist of our city recently said to me, "It is wonderful what great strides have been and are being made in the recognized special branches of medicine, and how much ignorance of diseases of the skin obtains among general practitioners." From all these considerations, friends of medical progress must concede a pre-eminent

position to *qualified* Specialists in the furtherance of this progress. The general practitioner should still exist. We ought not all to be specialists. The *family doctor* is almost a necessity to the welfare of the family. He is a sort of *Father Confessor*, and into his trusted ears, trusted from long experience of his faithfulness and integrity, are poured many more symptoms than are necessary to the diagnosis and cure of the disease he is called upon to treat. His fatherly counsel, born of long and familiar intercourse with his patients, has many times produced more effect in restoring to health than have his drugs. Therefore the world could not get along without these *kind old family* physicians; *but* when such an adviser meets among his patients a severe and unyielding case of disease, belonging to the domain of *specialism*, it becomes his imperative duty to his patient, and even to himself, to advise the services of some gentleman whom he has full reason to believe is thoroughly competent, more so than himself, to treat and to cure this *special* disease. Therefore, in conclusion, let every general physician, conscientiously hand over to specialism that which rightly belongs to it, and we will have better results from our then rational treatment, while much of the odium for *non cures*, cast upon our profession by patients who are ignorant that their disease is protracted solely because of the greed of grasping and conscienceless physicians who want to hold all they get, whether they are capable of curing or not, will be avoided.

J. C. Tritch, M.D., Findlay, Ohio, has for two years past been using *Ostria Virginica* (Iron Wood), a tree common in northwestern Ohio, in lieu of quinine as an antiperiodic. In some thirty cases he secured most gratifying results. A decoction was made from two quarts of the core chips and two quarts of soft water, boiled down to a pint. Dose one to two tablespoonfuls. If we can find a native substitute for our expensive imported cinchona, we will have made a great stride.—*Therapeutic Gazette*, March, 1881.

Selections and Abstracts.

AFFECTIONS OF THE EYE CAUSED BY MASTURBATION.—The relation of masturbation to diseases of the eye has scarcely attracted the attention of the profession. In the best hand-books of ophthalmology there is no reference to this subject, and in the ophthalmic literature, as far as my knowledge goes, this fact is mentioned but twice only. Dieu (see Nagel's *Jahresberichte der Ophthalmologie*, 1872, p. 372), records the case of a boy, of five years, in whom amblyopia developed, in consequence of masturbation. After the removal of the existing congenital phymosis, which was the exciting cause of the self-pollution, the latter was given up, and vision gradually improved to normal condition. Fœrster (See *Handbuch der gesammten Augenheilkunde*, von Graefe und Sæmich, vol. vii, part v, p. 102), has witnessed instances of intractable chronic catarrh of the eye, in patients of from twelve to twenty years, in whom onanism was ascertained to be the only cause of the affection. For my part, I have reason to assume that chronic inflammations of the eye, resulting from masturbation, are not of such rare occurrence as we might be led to infer from the scarcity of published material on this subject. I remember having met, in my practice, with many cases of obstinate catarrhal affections of the eye which I had to give up in despair, after a protracted course of unavailing treatment, or the patient left me in order to seek better advice. At the time, I was at a loss to account for the intractableness of such cases. Catarrhal affections of the eye generally give a good prognosis, and are easily cured, if properly attended to. I had to yield to the evidence that there are some forms of affection of the conjunctiva in which the treatment fails to bring about the usual beneficial effects. These forms I generally met with in children, of either sex, but occasionally, also, in adults. When I afterwards learned the intimate relations that exist between some morbid processes of the eye and masturbation, there was no doubt left to me about the nature of all those intractable cases, which have been so mortifying to the self-confidence of the physician. This opinion was corroborated by the many other evidences of self-pollution which I had observed in these patients, and the pathognomonic symptoms of which I utterly disregarded, for want of the proper knowledge of this peculiar coincidence. The first case that gave me the key to the problem, was a merchant, aged thirty-three years, who came to me suffering from chronic catarrh of both eyes. He had been for nine months under the care of a prominent oculist, who had tried every available remedy without any result. There were no anomalies of refraction or accommodation. Both

eyes showed only the symptoms of chronic catarrh with slight blepharitis. The affection had lasted for about a year. No reasonable cause of the morbid process could be elicited. There was no inflammation of the other mucous membranes. General health was good. The patient was in good circumstances, and temperate in his habits of drinking and smoking. He was very anxious to get rid of his trouble, and was willing to undergo any treatment for this purpose. I must say that I was not a little astonished at the failure of the previous treatment, the traces of which (slight argyria) were seen on both eyes. I made a good prognosis and promised a perfect cure.

In the course of the treatment, I was struck by the observation that the improvement I succeeded in bringing about in the condition of the eyes did not remain steady, but was interrupted by frequent exacerbations of the morbid process. For a long while I was baffled in all my efforts to find any plausible explanation of this strange incident. One day, when my patient came to me with a renewed relapse, it occurred to me that the pimples he had on his face were much more inflamed and more numerous than on the preceding days. On further observation I ascertained, beyond any doubt, that the increase of the inflammation and number of the pimples always coincided with the deterioration of the morbid process of the eye. The connection of pimples on the face with masturbation, I had frequent occasion to establish in either sex. I was aroused to the suspicion whether the anomalous affection of the conjunctiva might not depend altogether upon masturbation. I inquired of the patient concerning his habits in regard to the other sex. He told me that for the last eighteen months, from the time he had incurred a gonorrhœa, he had discontinued all sexual intercourse with women. On further inquiry, he confessed that from that time he had been masturbating about two or three times a week. The pimples on his face developed consequently. He has also observed that after masturbation the condition of his face and of his eyes becomes worse. This coincidence impressed his mind so strongly, that he had spoken to his family physician about it, but the latter had derided any possibility of such a relation. I imparted to him my conviction that onanism has been, in his case, the only cause of his eye affection, and that no cure could be effected unless the habit was totally abandoned. The patient being of a resolute nature, at once discontinued the practice, and had the satisfaction of seeing his eyes gradually improve, without any further treatment whatever. In the course of a month all traces of the inflammation vanished, and the face became smooth and fair.

From this occurrence, I made a point to inquire, in every case of intractable catarrh of the eye, after this possible error of youth. I learned, from experience, that it is very difficult to find out the truth in this matter in the male sex, but that it is almost impossible to ascertain it in the female one. I suspected many a case, but I can only record the two following, in which the relation was fully established by the confession of the patients themselves.

1. A merchant's son, fourteen years old, suffering for years from chronic conjunctivitis of both eyes, which had baffled the skill of many oculists to whom he had applied for help. The eyes showed no other anomaly, besides this chronic affection, the real nature of which was at once revealed to me by the unmistakable evidences of self-pollution which the patient bore. On my examining him to this effect, he emphatically denied having ever indulged in such a habit. But my diagnosis was corroborated by the aid of his brother, whom he often tempted to this evil doing. At last, he himself confessed to having masturbated from his eleventh year of age. The affection of his eyes had developed consequently. I abstained from all therapeutics of the eyes properly, but resorted to such remedies and hygienic measures as are used in such an emergency. The only effectual remedy in this instance proved to be the *cauterization of the prepuce*. The recovery was complete, and the eyes became perfectly normal.

2. Miss K., seventeen years old, applied to me with chronic conjunctivitis and blepharoadenitis of both eyes, from which she had been suffering for about three years. During this period she had repeatedly resorted to a variety of medical treatment, with but little effect. The eyes showed no other affection. There were marked evidences of self-pollution, but I was not at liberty at the time to utter my suspicion. After a month of unavailing treatment and observation, there was no doubt left to me about the connection of the affection with masturbation. I revealed to the mother the hidden cause of the eye-trouble of her daughter, with the intelligence that there was no hope of improvement unless the habit was given up. Patient confessed to having masturbated from her thirteenth year. There was no morbid alteration of the sexual organs. She now strove with all her power to discontinue the practice of onanism. Bromide of potassium, daily exercise, carried to fatigue, cold washing of the body before bedtime, proved the most successful. The recovery was slow and interrupted by many relapses. It was an interesting fact that *every relapse into the bad habit was evidently shown by the exacerbation of the morbid process of the eyes*. The final result was good. There was complete cure of the eyes without

any special treatment.—*Dr. M. Landesberg, Cincinnati Med. News, May, 1881.*

OCULAR SYMPTOMS IN GENERAL DISEASES.—There are few general affections that do not more or less involve the organ of vision, and the ocular phenomena to which they give rise in certain cases form a valuable element for the diagnosis. For this reason Dr. Gorecki has endeavored to bring together in review the principal affections of which the appearance of the eye may give rise to a suspicion, or confirm the existence.

Blepharoptosis or droop of the superior eyelid, indicates a complete or incomplete paralysis of the third pair. The lids on both sides, in a young female especially, cause a suspicion of hysteria.

Lagophthalmus, or inability to completely close the palpebral opening, is a sign of idiopathic facial hemiplegia, or is symptomatic of a cerebral affection.

Xanthelasma of the lids appears under the influence of certain alterations of the liver. Subconjunctival ecchymoses are frequent in whooping cough, and may sometimes, in the beginning, serve to clear up a dubious diagnosis.

Redness of the conjunctiva, tears and photophobia, and sometimes even a little catarrhal secretion, indicate in infants the imminence of an eruptive fever, notably measles. Tears are an important prognostic sign; good, if, in crying, they appear, and bad, if their secretion is suppressed.

Sclerotomy or episcleritis is, nine times out of ten, a symptom of gout, like tophus of the ear. Spots on the cornea are often indicative of a strumous diathesis.

Dilatation of the pupil, or mydriasis, indicates either excessive fatigue, or the existence of intestinal worms, or meningitis in its second stage, or a veritable amaurosis.

This dilatation is frequently connected with atrophy of the optic nerve. It is also observed during the epileptic attack, in the period of resolution from chloroformization, after intoxication from belladonna, datura, etc. Unequal dilatation of the two pupils is a sign of the beginning of general paralysis.

Contraction of the pupil, on the other hand, or myosis, is an early sign of tabes dorsalis. It is met with also at the commencement of meningitis, and in poisoning by opium or chloral in its early stages.

Deformity of the pupil, especially after instillations of atropine, indicates an old iritis, which, in nine cases out of ten, is of syphilitic origin, when not due to disease of neighboring organs.

Cataract, in persons still young (forty to fifty years), is frequently of diabetic origin, and of the soft variety.

Exophthalmus is indicative of exophthalmic goitre. Finally, the ophthalmoscope reveals to us the so-called albuminuric retinitis in Bright's Disease, in simple polyuria, and sometimes in pregnant females. Retinal hemorrhages, œdema of the retina, and embolism of the central artery, are met with in organic cardiac disease. Optic neuritis and peritonitis, and papillary atrophy are symptomatic of syphilis and of tumors near the cerebellum and corpora quadrigemina. Finally, tubercles of the choroid almost always accompany tubercular meningitis, and are a valuable element of diagnosis between that affection and typhoid fever.—*Journal of Nervous and Mental Diseases*, April, 1881.

CASCARA AMARGA IN SYPHILIS.—Dr. A. J. Roe, of Illinois, after commenting on the use of this agent in syphilis, records, in the *Therapeutic Gazette* for May, a case in which he had great success from its use. Forbidding the use of all other medicine, in order that he might feel sure that any effects observed were produced by this drug, he used cascara amarga in a case of secondary syphilitic manifestations, as follows: The fluid extract in doses of a teaspoonful in a tumblerful of water before each meal, was ordered. His success in this case far exceeded the results obtained from any other treatment, and all the routine methods had been tried. In concluding his article, Dr. Roe says: "I consider cascara amarga as being a tonic, alterative and diuretic, besides possessing the above specific properties in a high degree. Its eliminative and antiseptic properties would seem to indicate its use as a remedy in chronic catarrhal affections of the kidneys and urinary tract; but time and experience alone can determine this. If this remedy should continue to act in other cases of syphilis, as it has in the one treated by me, it will be the most important discovery in medicine since vaccination. I have no theory to offer in explanation of its mode of action in syphilis, more than to state that in my opinion it cures syphilis by eliminating the specific element from the blood by the way of the skin and urine. I am led to this view of its action from having noticed peculiar minute vesicles that constantly formed on the patient's body during treatment, and the antiseptic effect produced on the urine, which would remain without decomposition for several days after it passed, the quantity being considerably increased."

EXCESSIVE EATING AS A CAUSE OF ECZEMA.—Dr. Levering, in the *Lancet*, says: "I frequently meet with cases of intractable eczema pudendi in women past middle life, of sedentary habits, and eating three large meat meals a day, and trying by all means in

their power to stimulate their appetite, under the erroneous impression that they are keeping up their strength. Now, in these and similar cases, medicines and local treatment are almost equally useless, unless there is at the same time a thorough reform in the diet. The first point is to deprive the patient of sugar as an article of food, except just enough to make light puddings palatable. The reason for this is that much of the sugar passes the liver unchanged, and is, therefore, worse than useless as a food. The next point is greatly to reduce the animal food, especially mutton and beef, and to substitute for it simple, clear soup, and poultry or fish in moderate quantity once a day. Lastly, the chief part of the daily diet should be made up of light farinaceous and milk food, such as bread, rice, and macaroni. This is, I know, contrary to the view often entertained, that saccharine urine should be treated by an animal diet, and that starch should be as much as possible excluded. Now, whatever good may result from such a diet in some cases, I am quite sure that it does not answer in those to which I refer; on the contrary, exactly the reverse holds, and the old routine practice, except so far as sugar is excluded, is quite wrong. I have seen the sugar disappear from the urine and the eczema depart under a change of diet such as I have above recommended. The truth is, that many people at sixty, when the tissue changes are slow, eat as much or more than they did at twenty, when all the processes of change are at the height of their activity; what wonder, then, that unnatural work is thrown upon the skin, kidneys and other excreting organs of the body. There is some substantial truth in the saying that small eaters live the longest.—*Med. and Surg. Reporter*.

JAMAICA DOGWOOD IN GONORRHOEA.—Dr. W. H. Bentley contributes an interesting and very readable article to the May number of the *Therapeutic Gazette*, on this subject. Having been dissatisfied with all the routine methods of treating this often intractable disease, and having had very extensive experience with this malady, and having studied it carefully, he announces as the result of his observations, that he has obtained better results from the use of Jamaica dogwood (*Piscidia Erythrina*), than from any other treatment he has ever used. His course of treatment is as follows: Bowels kept moderately open by means of pills of podophyllin, aloës and soap; injections of fluid extract Jamaica dogwood, ten minims to the ounce of water, three times daily, and oftener, if chordee invaded, followed in a couple of hours by a solution of common alum in water, five grains of the salt to the ounce of the fluid.

Miscellany.

MEDICAL ECONOMY.—Two rival practitioners in a neighboring village have an effective and novel way of satisfying the public with their charges. Dr. B., presents to his patient a bill of twenty-five dollars for reducing a simple luxation at the shoulder joint. The patient objects, and threatens to consult Dr. A., the rival, on the propriety of such an extortionate charge. Dr. B. says "A. is such a scoundrel, that he is liable to say what he thinks would be to his own advantage. He is an excellent doctor, and is always loyal to the public, but in his professional relations is a regular pirate. I desire you to understand that I am entirely able to make and sustain my own charges, and that I shall give no heed to what he may say."

Dr. A., upon seeing the bill, and hearing the patient's explanation, puts it indignantly into his pocket with a savage biblical comment about the professional rascality of Dr. B., at the same time remarking, that B., while a rascal in his relations with other practitioners, is, for some strange reasons, a skillful doctor. When he enters upon a most blasphemous tirade against him, saying, that for making such an outrageous bill, he will, by means of this documentary evidence, have him expelled from the State Society; that he thinks of leaving that town, because of the professional villainy of Dr. B. He calls him a score of hard names, and gives emphasis to the attack by the free use of adjectives and other parts of speech, quoted directly from the unrevised scripture, and when he is out of breath from much savage abuse of his rival, the patient, frightened all out of his senses, meekly inquires what would, in A.'s opinion, be a proper charge for such an operation, when A. turns furiously upon him and says: "You are an idiot, sir, it ought to be at least fifty dollars. Such a scoundrel as Dr. B. makes it impossible for a respectable physician like myself to live in this cramped-up little town." Exit B.'s patient, sharply followed by A.'s dog. It is said that each of these gentlemen keeps the other constantly informed of the names of his dissatisfied patients.—(*Chicago Medical Review.*)

CINCHONA CONSUMPTION.—A writer in the *Colombo Observer* says, "I do not think I am over-estimating the number of cinchonas that will be planted in 1880 throughout the island at 20,000,000; allow 5,000,000 for failures and add 5,000,000, for plants planted in previous years and now alive, and it will give you 20,000,000 cinchona trees, which in five years will yield, either by taking strips and mossing, or by the shaving process, about 10,000,000 pounds of dry bark a year." Mr. Ferguson, in his *Ceylon Directory*, estimates the production of cinchona bark for the world at 13,471,000 pounds, of which Ceylon is put down for 150,000 pounds; "but when," remarks the correspondent referred to, "it produces 10,000,000, as I believe it will in 1885, the total production of the world will exceed the demand of 1876-78, by 10,847,000 pounds. The question therefore arises, will the demand for cinchona bark in 1885 equal the supply, or will the bark become unsalable except at unremunerative prices?"—*Druggist*, May, 1881.

[Let us hope for neither extreme, but a satisfactory medium; by which the growers and manufacturers of cinchona and quinia may receive a fair remun-

eration, yet at the same time the immense value of quinia may be placed within the reach of all, and not confined to the wealthy classes.—EDITOR.]

PHILADELPHIA COLLEGE OF PHARMACY.—The sixtieth annual commencement of the Philadelphia College of Pharmacy was held March 14th. The Proctor prize medal, together with the Alumni gold medal, were presented to Louis Genois, of Louisiana. Prizes for proficiency were also awarded to W. F. Jenks, of Pennsylvania, materia medica; W. C. Smith, of Iowa, pharmacy; Gustav Adolph Otgen, South Carolina, chemistry; and Samuel W. Miller, Pennsylvania, manipulation. Professor Joseph P. Remington delivered the valedictory, and the exercises were brought to a pleasing termination by the presentation of a pair of fine prescription scales to Professor Remington, by J. W. Swope, on behalf of the Zeta Phi Society. The degree of Graduate in Pharmacy was conferred by the President of the college on 140 graduates.—*Med. and Surg. Rep.*

WANT OF ACKNOWLEDGMENT.—The *Cincinnati Medical News*, for May, 1881, contains an article on "*Neuralgia of the Testis*," by Geo. Halsted Boyland, M.D., of Baltimore, which originally appeared in our April issue, while Editor Thacker fails to give the *SPECIALIST* credit for the article; we are, however, perfectly satisfied that this is entirely an oversight on his part; more especially since the same journal contains an article from the pen of Dr. F. K. Sturgis, of New York, on "*Extra-Genital Chancres*," which originally appeared in our May number, and for which we are given full credit. We thank our brother editor for his evident appreciation of our pages, and intend to return the compliment by making a somewhat extensive abstract from his journal.

BREAD EARNED BY SWEAT.—A curious industry existed in Rome, which is worthy of mention. The gladiators were accustomed to rub their limbs with olive oil, in order to make their muscles supple. After their contests the mixture of the oil and sweat which formed on the skin was carefully scraped, by bronze instruments, called *strigiles*, and was highly valued. It was made into pills, and had a great reputation for endowing with strength and prolonging life. Pliny says that certain gymnasts made as much as 80,000 sesteriæ a year by the sale of the *strigamenta*, as the product was called; that is equal to nearly \$3000 of our money.—*Cincinnati Lancet and Clinic*, May 28th, 1881.

SMELL OF DEATH.—Prof. A. B. Isham, of Cincinnati, draws attention to a peculiar characteristic odor emanating from the bodies of persons in the act of dying. It somewhat resembles musk. Of two cases cited, in one it was observed thirty-three hours before death, in the other one and a half hours. He attributes the odor to the liberation of ammonia and a volatile oil from the blood.—*Am. Jour. Med. Sci.*, April, 1881. (*Maryland Med. Jour.*)

N. B. DANGEROUS RAGS.—Official advices have been received by the government from Matamoras, that tons of infected rags are constantly shipped from Mexico to the United States, destined to large manufacturing, where they are ground and used in the manufacture of paper. The matter is under investigation, with a view to punishing the offenders.—*Druggist*, May, 1881.

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Contents.

ORIGINAL COMMUNICATIONS:—

- Lectures on the Pathological Anatomy of the Skin. By JAMES TYSON, M.D. 113
 Points of Medical Jurisprudence, No. II. Legal Responsibility in Suicide. By CHARLES H. A. ESLING. 115
 Cases of Traumatic Effusion in the Internal Ear. 118

BOOK REVIEWS:—

- A Treatise on the Continued Fevers. By JAMES C. WILSON, M.D. A Medical Formulary. By LAWRENCE JOHNSON, A.M., M.D. A Treatise on Bright's Disease and Diabetes. By JAMES TYSON, A.M., M.D. The Sanitary Care and Treatment of Children and their Diseases. By Drs. ELIZABETH GARRETT ANDERSON, SAMUEL C. BUSEY, A. JACOBI, J. FORSYTH MEIGS, and J. LEWIS SMITH. Hydrophobia. By HORATIO R. BIGELOW, M.D. The Student's Guide to Medical Case Taking. By FRANCIS WARNER, M.D. Lectures upon Diseases of the Nervous System, Especially in Women. By S. WEIR MITCHELL, M.D. On the Antagonism between Medicines and between Remedies and Diseases. By ROBERTS BARTHOLOW, M.A., M.D., LL.D. 'Dyspepsia, How to Avoid It. By JOSEPH F. EDWARDS, M.D. 119

Books and Pamphlets Received. 120

EDITORIAL:—

Dermatology. 121

SELECTIONS AND ABSTRACTS:—

- Catarhal Conjunctivitis, International Medical Congress, 1881. Leprosy in Key West, Fla. Pasteur's New Disease. Destruction of the Chancere as an Abortive Measure in Syphilis. Eruptions Produced by Benzoate of Sodium and Other Drugs. Naso-cranial Osteitis, of Syphilitic Origin. Syphilitic Iritis. Pilocarpin a Cure for Night Blindness. Danger of Domestic Remedies in the Ear. Color Blindness in Pilots. Compound Digestive Powder. Oleate of Zinc in Eczema. Billroth—Cancer of the Stomach. 123-127

RECENT PUBLICATIONS. 128

LECTURES ON THE PATHOLOGICAL ANATOMY OF THE SKIN.

BY JAMES TYSON, M.D.,

Professor of General Pathology and Morbid Anatomy in the University of Pennsylvania.

Delivered at the University, April 29th, 1881.

Reported by LOUIS J. LAUTENBACH, M.D.

Lecture IV.—Hypertrophies (Continued) and Morbid Growths of the Skin.

Continuing the study of the hypertrophies, we will next consider those where the corium and subcutaneous connective tissue are more particularly involved—hypertrophies of the true skin.

The first of these is *elephantiasis arabum*, or pachydermia. The first part of the name is based upon the fact that the foot, which is the organ most frequently affected, resembles, in this condition, that of the elephant, the hypertrophied folds of the skin overhanging the toes in the manner peculiar to that animal. The second word of the name explains itself.

Of elephantiasis there are made two divisions, the elephantiasis or pachydermia *simplex*, and the elephantiasis or pachydermia *lymphangiectatica*. The former is a simple hypertrophy involving the tissues of the true skin and the sub-

cutaneous connective tissues, sometimes even extending beyond these and invading the sheaths of muscles, and even the periosteum of bone. The connective tissue surrounding a nerve may also be involved, and in consequence the conducting power of the nerve more or less destroyed.

The histological study of this condition shows it to be a simple one, a simple overgrowth of connective tissue, the bundles of which cross each other at different angles, as may be seen in thin sections. The fibres are somewhat delicate, but in other respects are like those of ordinary connective tissue.

In the later stages we have not only increase, but also condensation of the connective tissue of the part. The blood vessels and lymphatics become involved; the former are dilated, the walls being drawn apart by the contracting tissue.

The lymphatics are also involved, but we have not arrived at their precise relation to the process. That they are involved is distinctly shown by lymphatic discharges which often take place from affected parts. According to some, these vessels are obstructed, the free transit of lymph prevented, and, in consequence, leakage through the walls occurs.

As to the nature of the process it is apparently inflammatory, the stages succeeding each other more slowly than in the ordinary forms, but being essentially the same.

The form of elephantiasis under discussion involves especially the legs, feet and face.

The *pachydermia lymphangiectatica* gives us a condition where the surface is covered with blebs or blisters, from the size of a millet seed to that of a pea; these blisters being dilated superficial lymph vessels filled with lymph. This form of the disease is found more frequently affecting the scrotum, penis, mons veneris and the anterior part of the perineum.

Examining histologically this lymphatic form, we find that the layer of lymphatics involved is immediately under the skin, the sub-cutaneous lymph vessels. To account for the vesicles, it has been suggested by Rindfleisch that there occurs a hyperplasia of the unstriped muscular fibres attached to the hair follicles, those whose

contraction produces the condition known as goose flesh. The result may be brought about in one of two ways, either by a compression due to the contractile action of the hypertrophied muscular tissue itself, or a compression due to the "elastic reaction of a muscular parenchyma," in a region incapable of yielding to the demands of new products for increased space. That the vessels are dilated lymph vessels is proven by the fact that they are lined by a mosaic of endothelium.

From hypertrophies to morbid growths is an easy step, the process of growth in both being the same, while tumors and hypertrophies shade so gradually into one another that sometimes it is difficult to say where one begins and another ends.

Among the best known of these is the *epithelioma cutis*, epithelial cancer, cancer of the skin, which, starting in the epiderm soon invades the papillary body. It is most frequently found at the junction of the skin with the mucous membrane, as at the lips, at the anus, on the labia, occasionally on the borders of a scar or ulcer. We have in previous lectures studied the histology of epithelial cancer of the skin, so that I need not detain you with it.

Macroscopically there are two varieties, the *flat* and *papillary* or *warty*. The former is a hard, flat, tabular swelling, one-half inch to an inch or more in diameter, which can easily be isolated by the fingers from the surrounding tissues. Sooner or later it ulcerates and produces a dirty, shreddy ulcer, indisposed to heal. It may be either deep seated or superficial.

In the warty epithelioma the papillary appearance is marked. The tumor may begin as a wart-like growth as large as a split pea, in a word, as a common wart, or as a larger, lobulated papillary growth, which may reach the size of the palm of the hand.

Sarcoma cutis or sarcoma of the skin may occur. Certain conditions of the skin, indeed, predispose to sarcoma; thus it is well known that the soft pigmented wart and the pigmented moles may be converted into sarcomata. So also scars in the skin invite the growth of sarcomata, in a word, conditions of the skin in which connective tissue predominates. This was first

pointed out by Virchow, who also showed that repeated irritation and inflammation acts similarly. Hence scars in skin also predispose to it.

There are two forms of sarcoma of the skin to both of which the name "keloid" is applied, of which one is known as the "true" the other as the "false" keloid. The former is a sarcomatous, scar-like growth, which takes place in a skin previously healthy; in the latter a previously existing scar becomes the seat of a sarcoma, in other words it is a sarcoma of a scar, while the true keloid is a fibro-sarcoma of the previously normal skin.

Of the spindle-celled sarcomata of the skin there occur two varieties, the *large* and the *small celled*. The large-celled (*s. fuso cellulare*) originates in one of the soft warts, whether pigmented or not. They retain for a certain length of time the external characteristics of the wart, but very soon a mushroom or fungoid appearance is substituted. Later it becomes uneven, nodulated, undergoes superficial excoriation, and later becomes full of crater-like excavations filled with offensive decomposing tissue. Its favorite seats are the face and feet, and it may reach a large size, three to six inches in diameter.

Histologically the tumor presents the usual appearance. It grows, too, from the papillary body, as distinguished from the epithelioma, which grows only from the epiderm.

The small spindle-celled sarcoma (*sarcoma fibro-cellulare*) is a circular tumor of large size, coarsely lobulated, similar, indeed, in external shape, to the large spindle-celled sarcoma, but much firmer in consistence.

Histologically, in addition to small spindle cells we find along with them a considerable quantity of fibrous tissue, also nests of reddish-gray vascular granulation tissue. The structure of the tumor is more advanced in its organization than the soft sarcoma of the skin.

The large-celled spindle-celled sarcoma of which I have just spoken may become pigmented, forming a *melanotic sarcoma*. But in addition there is found a soft lymphadenoid, round-celled melanotic sarcoma of the skin, presenting, especially on section, a dark blue-black sepia tint shading into white and producing, therefore, a marbled appear-

ance. They originate as circumscribed tumors, which reaching the size of a walnut fuse into a large, flat, soft patch of a doughy consistence, and whence a black juice exudes, sometimes as black as ink.

All forms of sarcoma, especially the last, are malignant; recurrence is constant, and metastasis very frequent.

Finally, I have to speak of the *fibroma molluscum* of the skin. It is a fibromatous or connective tissue growth occurring multiple, and characterized by a peculiar softness, whence the term molluscum. The growth is usually the size of a pea or cherry, but may become much larger—it is said, as large as a man's head. The larger growths are always, however, surrounded by numbers of the tumors of small size, variously shaped and in different stages of development. They may occur singly, though rarely. They make their appearance at any time of life and anywhere on the body, but preferably in the softer tissues. They are often pendulous.

The structure varies somewhat with the stage of development. In the early stages they are made up of soft granulation tissue composed of spindle cells. The older tumors are composed of firmer and more perfect connective tissue, but still retain their peculiar softness. This, according to Rindfleisch, is due to a peculiar modification of the connective tissue development, which is the result of a complication with œdema, there being fissures or spaces between the trabeculæ of connective tissue filled with fluid, whence the softness.

POINTS OF MEDICAL JURISPRUDENCE, NO. II.

LEGAL RESPONSIBILITY IN SUICIDE.

BY CHARLES H. A. ESLING.

(Continued from page 70.)

Having taken a brief theoretical glance preliminary to the consideration of this question in connection with Life Insurance, we will now direct our attention to the practical data of the subject, and take a more exact review of the law in point.

Of course, in the brief space allowed for the discussion of these questions, we cannot hope to enter into all the nice refinements and distinctions of the voluminous text writers; all we can

do is to indicate a few leading points, in the hope that they may provoke thought, lead into deeper research, and at the same time assist as indices in the pursuit of that larger investigation. Hence we have entitled our articles "*Points of Medical Jurisprudence*," and under that title hope not to be held to too strict an account for any crudities in their preparation.

We have already seen that in earlier times little or no quarter was shown towards the act of suicide, except, perhaps, a certain leniency in the civil law, "*Qi quis impatientia doloris, aut lædis vitæ, aut morbo, aut furore, aut pudore, mori maluit, non animadvertatum in eum* Ff. 49 166. This, however, has, of course, never been recognized anywhere among Christian nations, and was by no means generally received among the peoples subject to the civil code; and the common law looked more, as we have intimated, to the absolute act than to the qualifications of its criminality; and this was the more remarkable in a system that delighted in the nicest metaphysical distinctions, and the subtle *finesse* of whose founders has left us such an intricate legacy of study in the feudal system, and the "order of good pleading." Yet the acknowledged ability of these ancient philosophico-legal scholars never attained the progressive capacity of the modern Albany jury, referred to in our first article. But it must not be supposed that the law's "perfection of reasoning" was at all blinded, by its rigor in this regard, to legitimate distinctions and medical discriminations tending to mitigate and qualify the harshness of the general principle. The sciences never really war with each other; hence the law, in ranking suicide among the higher crimes and making it a felony of a peculiar and special order, with accessories both before and after the fact, has nevertheless surrounded the act with many legal conditions, ere absolutely branding it as a crime. The two principal conditions are those which apply to all crimes, years of discretion and possession of the senses. The first we may dismiss as foreign to our purpose. As to the second, it depends entirely on the question of *will*, which, indeed, is the ultimate solution of all criminality, for, as Blackstone ably says, as an involuntary act has no claim to merit, however praiseworthy in itself, so neither can it induce any guilt.

The first case, in which the will does not join with the act, and which is the only case pertaining to our subject, is where there is this defect of understanding, and under this class the text-writers have ranked infancy, idiocy, lunacy, and intoxication; and when the question of *compos mentis aut non* arises it is practically a question for a jury, for, says Mr. Chitty, "It is not every frantic and idle humor of a man that will exempt him from justice and the punishment of the law; when a man is guilty of a great offence, it must be very plain and clear before he is allowed such an exemption on the ground of lunacy. Therefore, it is not something unaccountable in a man's actions that points him out to be such a madman as is to be exempted from punishment. It must be a man that is totally deprived of his understanding and memory, one who doth not know what he is doing, any more than an infant or a wild beast. It is only such a one who is never the object of punishment. 16 How. State Trials, 764. If there be a total want of reason it will acquit the prisoner. If there be an absolute temporary want of it when the offence was committed it will acquit the prisoner. But if there be only a partial degree of insanity mixed with a partial degree of reason; not a full and complete use of reason, as Lord Hale carefully and emphatically expresses it, but a competent use of it, sufficient to have restrained those passions which produce the crime; if there be thought and design, a faculty to distinguish the nature of actions, to discern the difference between moral good and evil, then upon the fact of the offence proved the judgment of the law must take place. Yorke, Solicitor General in Saul Ferra's case, 19 Howard State Trials, 947, 948, et per Lawrence J. 3 Burn. J. 24th edition, 312, 313.

"The offence proved," referred to here, is, we take it, a mixed question of fact and expert testimony, but we respectfully suggest that, applying the test of this great *indicial* decision, there are but very few of the suicides of the present day who could pass scatheless through this fundamental legal ordeal.

The statutory law in England has, under the influence of a more enlightened policy, largely mitigated the punishment of suicide, but we greatly fear that in this, as in many other of the too frequent departures from the common law, we have looked

more to the law itself than to its *raison d'être*, and in just as much as we have ignored its venerable landmarks, in so much have we departed, at least to a great extent, if not entirely, from the paths of safety to those of convenience.

There is one important fact that must not be overlooked in discussing this question, namely, that the mere presence of lunacy or insanity is not, at common law, regarded as sufficient to exculpate of itself. "*For if a lunatic hath lucid intervals of understanding he shall answer for what he does in those intervals, as if he had no deficiency.*" 1 Hale, p. 631. Hence we may infer that the law does not recognize the presence of the taint of insanity in the system, whether the disease be accidental or hereditary, as a sufficient exculpation; there must be the total mental aberration at the moment of consummating the wrongful act. *M. Reg. vs. Oxfend*, 9 C and P. 525. *Rey vs. McNaughton*. See opinions of the judges in this case, in the House of Lords, 19th June, 1843. And the question of "uncontrollable impulse" is only admitted where the motive power is violence of disease. *Freeman vs. people*, 4 Deneo, 10; *State vs. Spencer*, 1 Zabriskie, 196; *Com. vs. Masters*, 4 Barr, 267, and *State vs. Gardiner*, *Wright's Ohio Rep.* The last mentioned being all American cases.

The medico-legal text writers have made this distinction, that when the suicide is the result of *alcoholism*, springing from melancholia, lipomania, or kindred diseases, it is not criminal. But we think that even in this case the expert testimony ought to be *very* conclusive. But they, on the other hand, hold that where the motive is obviously present it is a sufficient evidence of calculating and reasoning powers to rebut presumption of insanity. These are the two leading distinctions of the medical men; and as regards life insurance cases there should be more than ordinary caution, since there is always a question of temporal advantage, which may serve as a motive, even to a man who is fonder of life than of temporal goods. Take the supposition of a man whose family is in destitution, and who would reason that his death would bring them relief in the shape of the insurance fund. This is not a very probable case, but it is by no means an impossible one with a tender-hearted but weak-minded

character. Surely he would be criminally responsible. Such a case is even less probable than one of a similar character arising under fire insurance. Yet there was a time, not very remote, when a man who would burn out his own stock and premises would have been regarded as little less than an idiot; now, he is looked upon as a calculating villain; but like all such people, he has evidently not a well balanced or morally sane mind. Is he, on that score, to be excupated? The great leading case of *Boradail, vs. Hunter*, and, indeed, many of the important authorities following in its train, are of but little importance to us in this paper, since they discuss less the legal points of the subject than the question of *fact* as to insanity or not.

In *Shawbe vs. Clift*, Liverpool assizes, summer of 1845, it was argued, for the insurers, that if a man retained just enough of *intelligence* to produce death by competent means, but was deprived of all *moral* sense, the policy was void; against this view it was held by one of the judges that it was not a question of total or partial destruction of the intellect, if that destruction or impairing was the result of disease. But the majority of the court held it was a question of intention as taken in connection with the exceptions in the policy; thus holding the most ultra and rigid view of the case, one that savored almost of the early views of suicide laid down in our first paper. But Taylor thinks that the decision would have been reversed by a full bench, as the majority of the judges were individually of a different opinion. We take it, however, that in any case the rule is a good one, at least to the average legal mind; that it is not so much disease itself which criminales or excupates the suicide, as the *quantum* of disease, which is necessary to make the act one of insanity, for the intention, which some courts hold so necessary an element, may itself be the fruit of insanity; and medical men very well know, on the other hand, that suicide from sudden impulse is not unfrequent. Taylor, in his *Medical Jurisprudence*, has aptly said that if suicide were always an evidence of insanity, self murder should be very frequent among the insane; yet statistics prove just the contrary, even when mechanical restraints in lunatic asylums have been greatly diminished, thus affording larger liberty and better oppor-

tunities for self-destruction among their inmates.

As to the question of hereditary taint, we conceive that in such a case the insurance company having in its employ a first-rate examining physician should be held very rigidly to the doctrine of *caveat emptor*. Its eyes are its bargain, and it should not be allowed to go back of its own standard law, save in cases of extraordinary deceptiveness or latency. But the answers of the assured to the questions as to the state of his health and his habits, though written down by the agent of the insurers, are warranties, and if false, of course, avoid the policy, and parole evidence is not admissible to show that they were not correctly written down by the agent. *Seybert vs. Aetna Life Ins. Co.*, 4 *Luzerne Law Reg.*, 219. But here comes a query directly important to the medical examiner: how far does his diagnosis depend on the truth or falsity of these statements, in order to enable his company to avoid its policy? This is an important factor in the discussion of this problem, in which the medical examiner should be very careful in order to escape personal responsibility as against his insurance clientele. The general legal principle is, of course, that concealment of material facts by the party applying avoids the policy as against the company, but whether the physician's knowledge should not carry him beyond those statements, especially when there are other personal guide marks, is a seriously open question for him, upon which, as yet, we know of no authority.

What we have said of suicide in connection with life insurance is, of course, largely applicable to the same crime in general, we having used life insurance as the best interpretation of our theme. Therefore, to sum up the Pennsylvania authorities on the question of legal responsibility in suicide, we must say that our courts have laid down the general principle that self-destruction does not avoid the policy, unless the assured possessed sufficient mental capacity to form an *intelligent intent* to take his own life and was conscious that the act he was about to commit would effect that object. *American Life Insurance Co. vs. Isett*, 74 *Penna. State Reps.*, 176. 4 *Leg. Gazette*, 170 for S. C. Court decision. See also *Bank of Oil City vs. Guardian Mutual Life Ins. Co.*, 6 *ibid* 348, which

seems to us to be a most admirable decision, since it requires the deliberate forming of the design with intelligence to commit, and with full knowledge of the consequences of the act. But even this foreknowledge and intention will not exonerate the company from liability if both were concerned and the act perpetrated while insane. W. N. E. 145. This last decision went one step further than that in the American Life Insurance Co., where the judges declined to settle that point, and by this later decision we think we can safely conclude that, as far as the Pennsylvania cases go, the law and the equities of both parties in the contest are amply accommodated.

We pass over the question of conducive insanity from drink, and by parity of reasoning, similar causes, as practically solvable by any layman, to say nothing of legal and medical professional opinions; but all doubts on this question are set at rest in Pennsylvania by the decision in Stratton vs. North American Mutual Life Ins. Co., 7 *Leg. Gazette*, 313, and 23 *Pitts. Law Journal*, 17.

CASE OF TRAUMATIC EFFUSION IN THE INTERNAL EAR.

J. T., aged 17, was brought to the hospital (Sheffield and South Yorkshire Ear and Throat Hospital) on May 16th, suffering from total deafness of the right ear, which he said had been caused four days before by a cricket ball striking him sharply over that ear, and nearly stunning him. He was so alarmed at the sudden deafness, that he applied to a medical man at once, for relief, whose treatment, as far as I could gather, consisted, principally, of *syringing the ear*. On examination, I discovered that he could not hear my watch in contact with his right ear. Left hearing distance normal. The vibrating fork applied to frontal bone could be distinctly heard in the left ear, but not at all in the right. Pharyngeal mucous membrane and both membrana tympani normal, and no appearance of middle ear effusion.

Diagnosis.—Some injury to the perceiving apparatus, probably effusion (hemorrhage) in the cochlea, or semi-circular canals.

Treatment.—Four leeches in front of tragus; blister behind the right ear. Mist. alba. aper.

May 18th. No alteration in condition. Medi-

cine altered to pot. iodid., grs. iij ter die, and a blister ordered to be kept open.

May 20th. Patient could faintly distinguish the vibrating fork in the right ear, and could hear my watch in contact. Pot. iod. continued.

May 23d. Hearing distance of right ear 2 in., and vibrating fork distinctly heard in it. Medicine continued, and blister allowed to heal.

May 25th. Hearing distance 3 in. Medicine continued.

May 27th. Hearing distance 5 in.; blister nearly healed. Dose of potass. iod. reduced to grs. ij ter die.

May 30th. Discharged, cured. This case is interesting, as illustrating the value of counter-irritation combined with the internal administration of pot. iod., in such cases. Counter-irritation is not recommended by some otologists, but it appears to me that its use can scarcely be called in question, if we call to mind the intimate relationship which exists between the external and internal ear, with regard to their blood supply; both deriving their supply from the posterior auricular branch of the external carotid—the internal ear through the stylo-mastoid sub-branch, and the external ear through the auricular sub-branch. The beneficial action on the vasomotor nerves is too obvious to be disregarded. I attribute the rapid success in this case to the *early* treatment, by which the absorption of the effused fluid was so readily promoted. Had the patient applied for treatment at a much later date, in all probability he would not now be able to hear with his right ear. One circumstance must be mentioned in connection with this case, which, although not in any way affecting the complete cure of the deafness, was an untoward and troublesome occurrence. About a week after the patient's discharge from the hospital I was accosted by him in the street and informed that an eruption had appeared on and around the spot where the blister had been applied. I found that he was suffering from an acute attack of eczema, and have been treating him for it ever since. He is now (June 18th) nearly well. Such an occurrence as this might prove exceedingly troublesome, inasmuch as eczema in the adult, attacking that delicate piece of skin behind the ear, generally assumes the impetiginoid form, rapidly spreads over the

scalp, and is very obstinate. It is well to remember, when applying counter-irritation to this part, that there is a possibility of troublesome eczema supervening.—*Service of Dr. H. J. Hardwicke (London Specialist, July, 1881).*

—In our July issue we inserted an extract from the Cincinnati *Medical News*, on "*Affections of the Eye Caused by Masturbation.*" It seems this article originally appeared in the *Medical Bulletin*, edited by Dr. J. V. Shoemaker, but since the Cincinnati *Medical News* failed to make mention of this fact, and since we cannot possibly keep track of the origin of all medical literature, we unintentionally slighted the *Bulletin*, and now hasten to make reparation.—(Ed.)

BOOK REVIEWS.

A TREATISE ON THE CONTINUED FEVERS. By James C. Wilson, M.D., Physician to the Philadelphia Hospital.

A MEDICAL FORMULARY: Based on the United States and British Pharmacopœias. Together with numerous French, German, and unofficial preparations. By Lawrence Johnson, A.M., M.D., Lecturer on Medical Botany, Medical Department of the University of the City of New York.

Two more interesting volumes, by gentlemen of prominence, furnished to the medical profession at a reasonable price and an attractive style, through the enterprise of the energetic firm of Wm. Wood & Co. We know of no better or more economical expenditure of money than a subscription to this library. We are glad to be able to record that the publishers have met with such flattering success in their undertaking that the continuance of their library is now an assured fact. We would, therefore, candidly advise all medical gentlemen who desire standard medical reading at a low figure, to lose no time in subscribing for these volumes. Messrs. Wm. Wood & Co. have an agency in this city, on the north side of Chestnut street, a few doors below Tenth.

THE SANITARY CARE AND TREATMENT OF CHILDREN AND THEIR DISEASES. A Series of Five Essays. By Drs. Elizabeth Garrett Anderson, Samuel C. Busey, A. Jacobi, J. Forsyth Meigs and J. Lewis Smith.

The Thomas Wilson Sanitarium, of Baltimore, is a new project, which promises great things in the physical education of children. Its trustees have procured a beautiful location within a few minutes' ride of Baltimore, and propose soon to erect suitable build-

ings. The Sanitarium was incorporated "For the purpose of securing a summer retreat, for sick children, from the heat and unhealthfulness of the city, and for such other kindred purposes as may hereafter be determined upon by the corporation." These essays were prepared at the request of the Trustees of the Sanitarium, and are well worthy of perusal. They are handsomely published, in one volume, by Houghton, Mifflin & Co., of Boston.

A TREATISE ON BRIGHT'S DISEASE AND DIABETES. By James Tyson, A.M., M.D., Professor of Pathology and Morbid Anatomy in the University of Pennsylvania. Philadelphia: Lindsay & Blakiston, 1881. Price \$3.50.

We can have no adverse criticism for this volume. Even supposing it to be open to adverse criticism, which we very much doubt, we do not believe that any man, in this country at least, is capable of justly criticising it, for the simple reason that we do not believe that any gentleman in this country knows any more about the diseases considered than Dr. Tyson does, and very few know half as much. Since his advent into the profession, Dr. Tyson has devoted himself in a special manner to the study of diseases of the urinary organs. We can recall Dr. Tyson, ten years ago, as one of the most enthusiastic students among all our teachers, and his enthusiasm found vent in the direction of the subjects upon which he now furnishes this very valuable volume. In this book Dr. Tyson gives the results of fifteen years of study and experience. Bright's Disease is becoming very prevalent, and is so insidious in its manifestations that many cases reach a fatal termination without having elicited even a suspicion of their true nature. Therefore, it really becomes an imperative duty for every physician who desires to conscientiously practice his profession to read this book, since it is the latest and decidedly the best volume on the subject in the English language.

HYDROPHOBIA. By Horatio R. Bigelow, M.D. Philadelphia: D. G. Brinton, 1881.

This volume is a compilation of the literature of hydrophobia, and does great credit to the patience and perseverance of the author. He has collected all the journal articles and monographs on the subject, and condensed them into a very readable and instructive volume of about one hundred and fifty pages. The book opens with a chapter on the term hydrophobia, in which the author objects to this name, as misleading, being based, as it is, upon the assumed universal presence of a symptom which is very often wanting. Then follows a very interesting history of the disease, in the course of which its great antiquity is established. The rest of the volume is

occupied with the Pathology and Morbid Anatomy, Incubation, Influence of Sex, Age and Climate, Symptoms, Diagnosis, Prognosis and Treatment. In conclusion, a very valuable chapter is furnished on "How to Recognize a 'Mad' Dog, Emergencies and How to Treat Them," as well as a very interesting chapter on the "Curiosities of Literature." Altogether this small volume is very valuable, very instructive and very readable.

THE STUDENT'S GUIDE TO MEDICAL CASE TAKING. By Francis Warner, M.D., Lond., M.R.C.P., late Medical Registrar to the London Hospital. Philadelphia: Presley Blakiston, 1881. Price \$1.75.

This small book will be of service to hospital registrars, and to resident physicians, whose chiefs may desire, or who may themselves wish to preserve careful records of interesting cases. It tells the inexperienced how to go about his work. Full instructions are given, which, if carefully carried out by the resident, will furnish his chief much valuable assistance in the clinical presentation of his cases to the students.

LECTURES UPON DISEASES OF THE NERVOUS SYSTEM, ESPECIALLY IN WOMEN. By S. Weir Mitchell, M.D. Philadelphia: Henry C. Lea's Son & Co., 1881. Price \$1.75.

Dr. Mitchell's name, the world over, is too thoroughly identified with diseases of the nervous system to need any criticism or laudation. The mere fact of his name being attached to a work on this subject is a guarantee that the work is worth reading. Dr. Mitchell stands preëminently high among the few specialists in this branch. This book has, however, some special claims to favorable consideration, and prominent among them is the portion devoted to that most annoying trouble in women, hysteria. He discusses the paralysis of hysteria, hysterical locomotor ataxia, and the mimicry of disease, and gives so very much useful information on these obscure subjects, that all who can should read.

ON THE ANTAGONISM BETWEEN MEDICINES AND BETWEEN REMEDIES AND DISEASES. Being the Cartwright Lectures for the year 1880. By Roberts Bartholow, M.A., M.D., LL.D. New York: D. Appleton & Co., 1881. Price \$1.25.

Professor Bartholow is truly a wonderful man. No sooner is one book through the press and ready for sale than we see the announcement of another. It seems to be no more trouble for this versatile author to write a book than for an ordinary man to eat his dinner. The most marvelous part of it, however, is that all his books are so well worth reading. As a rule, almost without exception, when a man writes as much as Professor Bartholow has done, the majority of his efforts are only applicable to the waste paper

basket. In this wonderful exception everything is good, everything is instructive, every book is worth reading and well worth its price, and this last volume is no exception to the rule.

DYSPEPSIA; HOW TO AVOID IT. By Jos. F. Edwards, M.D., Author of "How a Person Threatened or Afflicted with Bright's Disease Ought to Live." "Constipation Plainly Treated and Relieved Without the Use of Drugs." Philadelphia: Presley Blakiston, 1012 Walnut Street. 1881. Cloth, 12mo, pp. 87. Price 75 cents.

The author of the little volume before us gives, not only in a readable manner, but in an entertaining style, a series of sound directions, based upon common sense and an acute personal observation as to how "mankind in general" may secure health and corresponding comfort. Would that every parent in the land might read this book, which so forcibly recalls many sins of omission as well as of commission, and makes us feel like apologizing to our gastric economy. Would that every anæmic clerk and chlorotic seamstress could be possessed of the advice contained in this volume. Better by far purchase this little book, than a bottle full of some nauseating medicine.

In four chapters are considered "Food;" half the world does not know what it is; second, describes "Digestion," a process rarely thought of; third, "How to Cook Food," and not simply how to *prepare* it; and lastly, "How, and What we Ought to Eat," and by our example teach our children and others, how to live and prolong their lives.

Many learned works (says the author), have been written upon the treatment of dyspepsia, or indigestion, or imperfect preparation of food; but so far as I know, no one has yet shown to the public how to avoid the greatest cause of dyspepsia, namely, *improper* eating.

Therefore, we would most cordially recommend this book as a medium through which physicians may instruct their patients, and the public secure the way to health and happiness.

C. S. T.

BOOKS AND PAMPHLETS RECEIVED.

—"A Practical Treatise on Impotence, Sterility, and Allied Disorders of the Male Sexual Organs." By Samuel W. Gross, A.M., M.D. Philadelphia: Henry C. Lea's Son & Co., 1881.

—"Chemical Vade Mecum for Medical Students." By George Jones, F.R.C.S. London: Henry Kimpton, 1881.

—"Annual Report of the State Board of Health of the State of Wisconsin for 1879.

—"The Foundation of American Dermatology." By Louis A. Duhring, M.D.

—"Ophthalmic Operations, with Remarks on After-Treatment." By A. Sibley Campbell, M.D., Augusta, Ga.

—"Transactions, Medical Society of New Jersey. One Hundred and Fourteenth annual meeting, 1880.

The American Specialist.

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ORIGINAL ARTICLES AND TRANSLATIONS published in the American Specialist will be paid for.

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PRESLEY BLAKISTON,

1012 Walnut Street, Philadelphia.

PHILADELPHIA, AUGUST 1, 1881.

DERMATOLOGY.

In this age of progress in everything which goes to make up the world, medicine stands out prominent. Within the past few years enormous have been the strides made in this science, until the medical science of to-day bears hardly any resemblance to that of a century ago. It is this wonderful advance, this enormous accumulation of accurate knowledge, as we pointed out in our last issue, that has given rise to the necessity for specialism and specialists in medicine. Before many years have passed we feel bold enough to prophesy that several new specialties will originate and will receive recognition. As the knowledge of the science of medicine increases, it will become so huge and unwieldy as to render absolutely requisite the relegation of certain branches to gentlemen who will devote their labors in an especial manner to the further elucidation of these subjects. Prominent among our recognized special branches stands Dermatology. Probably no other branch of medicine causes so much annoyance to and so baffles the ordinary treatment of the general practitioner as this one. How often has the doctor in the course of his practice been confronted with a seemingly trivial affection of the skin. Confident of success and rashly promising a cure, he commences treatment; upon his second visit he is chagrined to find this slight affection no better. Fearing lest he may not have prescribed

properly, in a short time he changes his treatment, but receives no better results; and so on, he changes and changes, until he has tried all the various remedies known to him, and yet his obstinate little case of skin disease is no better nor worse than when he first saw it, but remains aggravatingly the same. Finally, he is compelled to advise the services of a competent dermatologist, and presto, from the beginning an improvement is observable and in a short time a complete cure is effected. This is a picture from life, and has no doubt been the experience, more than once, of every general practitioner. Dermatology is now a recognized and a most important branch of specialism. It contains among its votaries many distinguished names, living and dead. It has done and is doing great service to mankind in the alleviation of disease. Within the last ten years it has rapidly progressed towards its present high standard. Our own country has done much to further this progress, Dr. Duhring* saying, "Especially prominent in literature do we find Germany, England and this country."

From this same address we quote the following: "With the year 1870 our dermatological ranks were substantially strengthened by a number of able and zealous workers, the names of most of whom have since become so familiar that it would be ill timed to refer to them here. Suffice it to say, that they were for the most part eminently qualified, by long study abroad, to enter upon their labors. At this date, especially, the study of skin diseases in Europe, more particularly in Vienna, with Hebra,† Auspitz, Neumann and Kaposi, in Paris, with Bazin, Hardy, Guibout, Hillairet, Vidal and Fournier; and in London, with the late Tilbury Fox, Hutchinson, Naylor, Sims and Fagge, was made both easy and attractive." The periodical literature of dermatology and the assistance which journalism has furnished to its de-

* "The Foundation of American Dermatology;" being the President's address, by Louis A. Duhring, M.D.

† Since dead.

velopment, is thus referred to by the same distinguished gentleman:—

“In 1870 an event occurred which marks an era in dermatology at large. I refer to the publication of the first number of the *American Journal of Syphilography and Dermatology*, which was issued in October of that year, under the editorial management of Dr. M. H. HENRY, of New York. The *Journal* was well conducted by its editor, who received valuable assistance from our dermatologists, in the form of original articles, reviews of foreign books, translations and abstracts. Its appearance was the signal for a more general interest in the subject, which many began to find attractive. Much of the success which American dermatology has since achieved can, I think, be traced more or less directly to the influence which this journal exerted upon the profession. It was carried on to the completion of the fifth year. The *Photographic Review of Medicine and Surgery*, edited by the late Dr. F. F. MAURY and the writer, made its appearance in the autumn of this year, and, though not specially devoted to dermatology, contained several rare cases of skin disease.” Again, he says, “The year 1870 is, moreover, memorable for the arrival in Boston of a valuable dermatological museum, consisting of duplicates of the more important models in the Hôpital St. Louis, Paris.” In 1876 two professorships of dermatology were created, one in the University of Vermont, the other in the University of Pennsylvania. 1877 gave birth to a lectureship on skin diseases in the College of Physicians and Surgeons of Baltimore; a department for skin diseases in the Albany Hospital; a like department and lectureship in the Woman’s Medical College of Chicago, as also the establishment of a male and female ward for diseases of the skin in the Philadelphia Hospital. In 1878 a department for diseases of the skin was opened at the New York Hospital, and the Nashville Medical College created a Professorship of Dermatology. In 1879

Rush Medical College inaugurated a department for skin diseases; a clinical department for dermatology was established in the University of Maryland; while St. Mary’s Infirmary, in St. Louis, opened a clinic for diseases of the skin. In concluding his address, Dr. Duhring says: “I have thus gone rapidly over the chief events and the more important literature of the past decade, and have endeavored to direct attention to the various factors which have been instrumental in rearing American Dermatology. Its early growth was, as we saw on a former occasion, gradual, extending through a series of decades; but its recent foundation, as it may, I think, be very properly termed, dating from about 1870 to the present time, has been most rapid. Its development within these years has been indeed remarkable. The workers have been few in number, but the results achieved show that a great deal has been accomplished. Their labors have been characterized by earnestness of purpose. They have striven on with the one idea of elevating the subject, of making it a respected and worthy department of medicine, and of placing it upon a substantial groundwork, and in this they have succeeded. American dermatology is to-day recognized abroad as well as at home, as evidenced by the many flattering testimonials which are met with frequently in the medical literature of the old world; and this result has been accomplished not by one, two, or three individuals, but by the combined efforts of all who have contributed honest work. With the material thus acquired our dermatology may be said to be soundly established, with a foundation upon which the future may safely build. Carefully prepared and recorded notes by reliable and trained observers are invaluable, and must ever remain the chief source of our knowledge. Upon their reliability depend their worth, and the value of the deductions which follow. And it is with this kind of work, with facts rather than with theories, with

cases rather than with groups of disease, with individual ideas rather than with generalities, that our observers have mainly concerned themselves. Generalization can be of no value without abundant data from which to draw. Until recently, our material has been far too scanty, and, moreover, of too unreliable a character, to raise enduring systems, classifications, and the like. First, the necessary material, afterward the structure, should be ever kept in mind.

With the information already gathered, together with that which is being acquired at the present day so abundantly, the time is not far distant when such schemes may become possible. Until then, let the good work which has been going forward so vigorously of late years be pursued. It is of the kind essential to progress. Let me add, that dermatology at large has, from the standpoint of to-day, a most promising if not brilliant career before it, and is capable of an unbounded expansion, the avenues to which have, as yet, barely been entered upon. Let, therefore, the hope be indulged that each year may find the corps of observers increased in numbers and in strength, and laboring in harmony for the advancement of the profession and for humanity." Let all of our readers make a careful mental note of what Dr. DUHRING says, and then remember that one of the reasons for which the "AMERICAN SPECIALIST" was founded and exists, is to help the progress of this growing science. Let every physician help, as far as he can, the growth of dermatology. This he can do with very little trouble to himself. Whenever he meets a rare and interesting case of skin disease, one which he considers of sufficient importance to buttonhole his neighbors about, and perhaps to report to his county society, let him send a short account of it to us, for insertion in our columns. Thus he will contribute his mite to the furtherance of dermatology. We prefer short articles and brief reports of interesting cases, to lengthy and verbose com-

munications; they are productive of more good and are better suited to the size and scope of our journal. In conclusion, we would remind dermatologists that we believe we are the only journal in this country comprehensively devoted to the special branches of medicine, and we would recall to them what we said in our inaugural, in the April number, that communications on special subjects will be always welcome.

Selections and Abstracts.

CATARRHAL CONJUNCTIVITIS.—Dr. C. E. Michel, Professor of Ophthalmology in the Missouri Medical College, contributes a paper on catarrhal conjunctivitis to the June number of the *St. Louis Courier of Medicine*. After some general remarks on this affection of the eyes, which he, as well as many others, have noticed to be very common in the spring, and announcing his belief in the epidemic and zymotic nature of this conjunctival inflammation, he says, "I will here only summarize my management of conjunctivitis, which, of course, is modified to suit mild or serious attacks. Some cases get well suddenly, and, so to speak, without treatment. I always order rest for *both eyes* in every case; shade them moderately only when photophobia is present, but exclude air and light as little as possible. No bandage whatever is allowed; they keep the parts irritated, foul and hot. Secretions which escape from the lids are removed as often as they re-accumulate, generally with a fluid made bland by the addition of an emollient and common salt. Light, fresh air and exercise being important hygienic adjuvants, my patients are ordered to take exercise daily in the open air, even during wintry weather. I, myself, in the midst of a most violent attack of conjunctivitis, recently faced blustering March winds daily (the thermometer being below 32° F.), with most grateful sensations and decidedly beneficial effects. The idea that exposure of an eye or other inflamed part to cold air is dangerous, while cold water compresses are considered beneficial, is absurd; dry cold is undoubtedly less irritating to the delicate structures involved, and a far better constringer to the tissues and capillaries, hence I rather court than avoid it, only employing cold compresses at moderately long intervals. For this last purpose I have been in the habit of using an external application, a weak astringent solution containing opium; I do not regard it as important, but it is as convenient as water, and the opium and astringent probably help the cold in diminishing the calibre of

the vessels, and thus assist in controlling the local blood supply. Some bland, unctuous preparation, also containing opium, is applied to the margins of the eyelids; it serves to protect those delicate parts from the great irritation caused by the constant overflowing of tears and pus, and the consequent irritating application of the handkerchief or detergent, and, moreover, prevents the lashes from being glued together during sleep. Antiphlogistics beyond what may be found in the preceding, I never employ. I never use purgatives, scarcely deeming it necessary to relieve a habitual constipation of ordinary degree. The diet of my patients is properly regulated, and any constitutional condition deviating from a perfectly healthful or physiological standard receives due attention, for I firmly believe that any self-limited disease occurring in a previously healthy individual, if not interfered with, by either willful or accidental noxious influences, will invariably terminate favorably of itself; it follows that the more nearly we are able to place the system at a healthful standard, the more we favor such terminations. General debility, dyspepsia, anæmia, struma or scrofula, and malaria are the most frequent disturbances calling for interference. Quinine, iron, pepsin, and the preparations of malt are the remedies most generally indicated. It is to this last judicious management of my cases, combined with the absolute absence of all irritants, in the shape of collyria, etc., that I attribute the fact that in previously healthy eyes I see no proclivity toward that chronicity or relaxed condition to which authors so uniformly refer, and against which they all direct their formidable collyria and cauterizations. If no irritants be used, and a moderately patient perseverance with proper tonics be relied upon, the relaxed condition spoken of will more surely, speedily, and thoroughly disappear, than by the use of any local application. If we ever discover a remedy which, when externally applied, is perfectly free from irritating properties, while it induces contraction of the walls of the smaller vessels and capillaries of a part, we will then probably be in possession of an agent which will find its application as a collyrium; it is in this direction only that we need search, for all known astringents act as irritants, and probably only possess their peculiar power over the involuntary muscular fibres of the walls of the blood vessels through their peculiar irritating properties, which, to my mind, is a counter indication to their use, and must necessarily render them unsafe and absolutely unfit as local antiphlogistic remedies. At one time I had hoped for much from ergot, but either a defective method of applying the remedy, or some of its own peculiar properties, have so far thwarted what would naturally have been expected of it. Further experience with

this valuable remedy will, however, I trust, teach us a more efficacious mode of using it locally, and thus give us a valuable topical remedy of extensive possibilities.

INTERNATIONAL MEDICAL CONGRESS, 1881.—The International Medical Congress, and the International Sanitary Exposition, meet in London the second of August, and continue until the ninth. This International Assembly is likely to be the largest ever held. Representatives have been sent from each of the several States in all the civilized countries in the world. In addition to this, there will be a large number of delegates from the so-called uncivilized nations, as, for instance, the Sandwich Islands, the Samoan Islands, the African and Hindoo provinces, China and Japan. The Assembly in Philadelphia, in 1876, was very large in numbers, and did a creditable amount of work, although the publishing committee took more than a year in which to issue the transactions. The volume, though full of the faults of the secretaries of the various sections, is still a creditable production. It is a little unfortunate that we, in this country, have not taken sufficient interest in such matters. America will, however, this year, display a more liberal spirit than heretofore. The American Medical Association, alone, has sent delegates to the number of her full quota. Dr. David W. Yandell and Dr. Dudley S. Reynolds are the only Kentuckians who have received foreign commissions from the American Medical Association this year, and we think it right and proper that our State Society should be represented in this Congress, and take the liberty now to suggest that the President of the State Society forthwith appoint at least two representatives. The Governor of Kentucky might very properly nominate at least one gentleman for appointment by the President of the United States, as delegate to the International Sanitary Congress and Commissioner to the International Sanitary Exposition, as, up to this time, we believe, Kentucky has presented no representative to this great Sanitary Congress, and we fear President Garfield has not even felt called upon to appoint any very considerable number of American Representatives. Now the International Sanitary Conference, which met in Washington the 5th and 12th of January, 1881, signally failed, for the reason that it was composed largely of persons who, if not positively ignorant of the laws of sanitary science, were in no way identified with the interests of public sanitation. Let us hope the coming Congress in London may yield richer fruits, and if, as we have often before suggested, our Stephen Smith Museum shall not be called into active existence in time to take part in the display at the Parkes Muse-

um in London, let the President of the United States send a few gentlemen, at least, as delegates to represent this country in so important a matter as international sanitation, which we are informed is to constitute the chief basis of the labor of the Commissioners to the approaching Exhibition.—*Med. Herald, Louisville, July, 1881.*

[Let the medical press of Pennsylvania take example from the *Medical Herald*, of Kentucky, and devoting a certain space to the interests of public health, allow no rest to our State legislators, until we have secured from them such measures of public sanitation as will make our grand old Commonwealth something akin to England in public health and legal enactments for its promotion. Our State is sinfully deficient, and our authorities censurably negligent in this direction; let, therefore, those who are competent to speak on such subjects bring to bear all the influence they can possibly muster towards the attainment of this great, much to be desired and really necessary end.]—EDITOR.

LEPROSY IN KEY WEST, FLA.—A correspondent of the *Tribune* recently sent what appears to be a somewhat sensational account of leprosy at Key West, Fla. He says: Some three years ago, while on the island of Key West, Fla., I was surprised to find leprosy there in all its horror, and making bold to speak of the matter, I was immediately condemned for attempting to injure the commercial prosperity of the place, and particularly in destroying its reputation as a resort of Northern invalids. The reputation seemed to dwell only in the minds of the sanguine, for but few invalids would risk their lives in a place like Key West, notorious for its yellow fever. However, I was stationed at Key West for six or seven years, and can confidently state that there are many cases of leprosy on that island, whole families being afflicted with it, and in several instances it was found in its worst form. No provision is made for the unfortunates; they dwell surrounded by the masses, intermarrying, and die. To strangers who happen to discover the truth, it is a source of constant anxiety, for one does not know when washed clothes may be returned impregnated with the poison. This disease has been thoroughly and undeniably traced to the English possessions in the adjacent islands. I can assure you if a cautious and honest investigation is made in that locality, the result would astonish the people of this country. A selfish spirit prompts the leading people of that beautiful but poisonous island to disguise the real state of affairs existing there, and I would take but little comfort in smoking a genuine Key West cigar, knowing of the existence of these horrible facts. The summer of 1880 in this island is locally notorious for its yellow

fever horrors; still the press of this country would lead one to suppose there existed there but a few passing cases. Only Government officials, like myself, know of these horrors, and strangers have been repeatedly lured there only to find a grave. I have no personal interest in condemning Key West, but am only possessed of a desire to warn the ignorant and confiding, and condemn the wicked and selfish, who, being saturated with the poison themselves, are reckless for gain and indifferent of results.—*New York Med. Record, July 9th, 1881.*

PASTEUR'S NEW DISEASE.—In a recent number of the *Lancet*, we called attention to the remarkable effects which M. Pasteur had obtained by inoculating rabbits and guinea pigs with the saliva of a child which had died from hydrophobia. The animals, it will be remembered, died thirty-six hours after inoculation, and in their blood was found a bacterial organism, which was quite peculiar, which could be cultivated, and then produced, when inoculated into other animals, symptoms identical with those observed in the others. M. Pasteur did not assert that this was the special microbic organisms of rabies, but he considered that his experiments and the microscopical characters of the organism warranted the assertion that the disease was not septicæmia, but a malady altogether new to experimental pathology. In order to ascertain whether a similar affection can be produced by inoculation of the saliva of persons who have died from other common diseases, M. Pasteur has made some inoculations with such saliva, but without any results. But since the case of hydrophobia was in a child, M. Pasteur applied to M. Parrot for some saliva from children dying from diseases which are regarded as non-specific, and received some from the bodies of three children, who had died the preceding day, from broncho-pneumonia. In rabbits inoculated with this saliva, there was found precisely the same organism as had been discovered in those which had been inoculated with the saliva from the case of hydrophobia. He thinks it certain, therefore, that this organism may often be found, and that it is one of those which have their habitat in the commencement of the alimentary tract. Hence, as he points out, it is not in any way connected with rabies, but it is a surprising fact that there should exist in the saliva, at least of children, a special organism, which is capable of causing so rapidly the death of rabbits and dogs, even when inoculated in very small doses. It is a fact of very great importance in the etiology of diseases which may be ascribed to microscopic organisms.—*London Lancet. Cincinnati Lancet and Clinic, June 11, 1881.*

DESTRUCTION OF THE CHANCRE AS AN ABORTIVE MEASURE IN SYPHILIS.—M. Henry Leloir, in a long and valuable paper (*"Annales de Derm. et de Syphil."*), reviews and criticises very fully the different experiments that have been made on the excision and destruction by other means of the initial lesion of syphilis, with the view of preventing further development of the disease. The author also adds a very complete bibliography of the subject. The oft quoted experiments of Auspitz, Unna, Kölliker, and others, are noticed, and their weak points are well brought out; the result being to show how little evidence there is, up to the present time, that general syphilis can be prevented, or even rendered milder in its course, by the destruction of the initial manifestation. M. Leloir concludes his paper with a brief account of a personal interview which he had with Ricord on the subject. This portion of the paper is particularly interesting, as it gives M. Ricord's matured opinion, and shows how entirely he has abandoned his former conviction, viz: that the destruction of the primary sore within a short period of its existence could prevent the sequence of general syphilis. Ricord now says "that he has completely abandoned the practice of cauterizing or of excising infecting chancres; that he considers the destruction of the infecting chancre to be absolutely useless at any period; as soon as it appears, before its appearance even, syphilis exists. If the penis were amputated on the appearance of the infecting chancre, syphilis would none the less be produced."—*London Med. Record. Louisville Med. News.*

ERUPTIONS PRODUCED BY BENZOATE OF SODIUM AND OTHER DRUGS.—Dr. Rohe reported two cases in which a pinkish eruption appeared during the use of benzoate of sodium. It had the appearance of erythema, had a well defined border, and was accompanied by itching and slight desquamation. The patients were a boy with diphtheria, and a woman aged 35. The eruption disappeared on the discontinuance of the remedy. In the second case it was made to appear and disappear several times, by the alternate use and disuse of the remedy. It was very likely to be mistaken for röteln or measles. Dr. I. E. Atkinson said this was an important subject. The eruption from quinine, so often observed during the last ten years, was overlooked entirely, previously to that time. In a patient who had a recurrent attack of scarlatina, it was found that one-half teaspoonful of Huxham's Tincture produced invariably scarlet efflorescence and desquamation of the flakes of cuticle. The medicinal cause of eruptions is very common and important, and we should be on our guard for it. Dr. Rohe also alluded to a

patient who had a bullous eruption after taking the iodide of potash, which had been mistaken by his attending physician for pemphigus, and said that it was not generally known that this form of eruption was caused by the agent.—*Maryland Med. Journal, June 15th, 1881.*

NASO-CRANIAL OSTEITIS OF SYPHILITIC ORIGIN.—The following is a résumé of a lecture on the above subject, by Professor Fournier. 1st. If, in the vast majority of cases, syphilitic nasal osteitis does not threaten life, it violates in this respect the ordinary rule. This variety, osteitis of the roof of the nasal fossæ, *naso-cranial osteitis*, owes its special gravity only to its location.

2d. The danger of this naso-cranial osteitis is a repetition of the irradiation toward the organs contained in the cranial cavity, an irradiation showing itself anatomically by diverse lesions, the chief and most frequent being meningitis, encephalitis, abscesses of the brain.

3d. Clinically, these complications present themselves under two forms.

(a) A chronic form, characterized by vague symptoms of slowly progressive encephalitis, with a brusque, or apoplectic termination.

(b) An acute form, characterized by symptoms of a marked, incomplete, irregular, but rapidly fatal encephalitis.

4th. These cerebral complications only rarely remain absolutely latent, as a clinical expression, and end unexpectedly, in a sudden manner, by fulminate apoplexy.—*Annales des Maladies de l'Oreille, etc., May, 1881.—Cincinnati Lancet and Clinic, June 18, 1881.*

SYPHILITIC IRITIS.—This much feared complication requires prompt action. The treatment recommended by Mr. J. R. Wolfe, Surgeon to the Glasgow Ophthalmic Institution (*London Med. Times and Gazette*, January 1), is as follows: After the administration of pil. hydr. c. colocynthidis, I order small doses of ol. terebinth., one tablespoonful three times a day, in syr. aurantii. It was recommended by Dr. Carmichael, and was the favorite remedy of Dr. McKenzie. This I continue for three or four days, with warm drinks, foot baths, etc. Then I order pil. hydrar. c. quiniæ three or four times a day, and the unguent, hydrar. fort., into the armpit, one drachm every evening; warm baths twice a week. When the gums begin to get tender, I discontinue the pills, and only apply the unguent hydrar. to the axilla, and internally, potassium iodide is ordered. Should symptoms of mercurialization supervene, I discontinue the ointment and keep the patient exclusively

to the potassium iodide, which may be given, one scruple, three times a day. The strong atropine solution, with the gray ointment, is continued for a considerable time. The drops may even be persevered with for a month after the general inflammatory symptoms have disappeared.—(*Braithwaite's Retrospect*, June, 1881.)

PILOCARPIN A CURE FOR NIGHT-BLINDNESS.—Pilocarpin exerts a stimulating influence upon the retina. Dr. Mecklenburg (*Berlin. Klin. Woch.*) gives this case: A strong and healthy male prisoner, twenty-four years old, who had never previously suffered with his eyes, suddenly became night-blind; as soon as dusk set in he could see nothing. It was a case of hemeralopia. The pupils were greatly enlarged, but nothing else was abnormal about the eyes. After the usual means had been tried, Dr. M. injected, subcutaneously—

R. Pilocarpinæ muriat., gr. iss
Aque destillatæ. ℥jxxv.

SIG.—Inject twenty-five minims.

The improvement was immediate, and after the third injection, the patient was well (*Med. and Surg. Reporter*).

The usual dose of pilocarpin is from one-eighth to one-fourth of a grain. Half-grain doses have been reported as given by some experimenters, without any bad result; but until the drug becomes better known, we counsel due caution in its use.—(*Lowndes Med. News.*) *Braithwaite's Retrospect*.

DANGER OF DOMESTIC REMEDIES IN THE EAR.—Dr. Henry Olin protests against the injudicious use of such remedies as glycerine, olive oil, laudanum, goose oil, pork fat, boiled onion, poultices of different kinds, steaming, blistering, and last and least dangerous, blowing tobacco smoke in the ear. In a catarrhal inflammation, for example, such applications soften the tympanic membrane, encourage the suppurative process, and soon result in the matters being discharged through, leaving the ear without a protecting membrane to the delicate cavity of the tympanum. The treatment of such cases should be of a character that destruction of the part would not be hastened by the remedy, and if pus does form to such an extent that it does not escape through the Eustachian tube, paracentesis should be performed at an early date.—(*Va. Med. Monthly April.*) *Braithwaite's Retrospect*.

COLOR BLINDNESS IN PILOTS.—In conversation on the subject of color blindness, Supervising Inspector General of Steamboats Dumont, says, "Every day develops additional proof that it is necessary that pilots of steam vessels and engineers of railroads should be

most carefully examined for color blindness by experts. The latest case bearing on this subject, that has been brought to the attention of the authorities here, is that of the pilot of the City of Austin, who, through mistaking the color of the buoys in the channel, lost the vessel in the harbor of Fernandina, Florida, on the twenty-fourth day of last April. Owing to the fortunate mildness of the weather no lives were lost, but the estimated loss on vessel and cargo is \$200,000."—*Med. and Surg. Reporter*.

COMPOUND DIGESTIVE POWDER (*Pulvis digestivus Compositus*).—This is an old preparation, for which formulæ are to be found in the olden pharmacopæias and treatises. We append two of them. The first is from the Military Pharmacopœia of Copenhagen, 1808, and the second from Guibourt, 1834:—

R. Sulphate of potassa, ℥ij —64.00 grm.
Rhubarb, ℥j —32.00 "
Sal ammoniac, ℥iv —16.00 "

DOSE.—Half a drachm.

M.

R. Pow'd. anise seed,
" coriander, seed,
" fennel seed, āā ℥xij —48.00 grm.
" cinnamon seed,
" lemon peel,
" orange peel, āā ℥iij —12.00 grm.
" rhubarb,
" cloves, āā ℥j —4.00 grm.
" sugar, ℥viii —256.00 grm. M.

DOSE.—Fifteen to forty-five grains.

A. K. H., *Phila.*, in *Druggist's Circular*. *Louisville Med. News*, July 9th, 1881.

OLEATE OF ZINC IN ECZEMA.—Dr. Sawyer records his testimony in favor of the efficacy of the ointment of oleate of zinc in the treatment of eczema. He has used the remedy for nearly six months, in a large number of cases arising in hospital and private practice. The author has always used the oleate of zinc made into an ointment, either with vaseline or with lard. The preparation with vaseline he has employed in private practice, and that with lard, on account of its comparative cheapness, for hospital patients. Vaseline is preferable to lard, because it is not so liable to change. Lard sometimes disagrees with the skin. The oleate of zinc is serviceable in the treatment of eczema capitis of children.—(*Four. Mat. Med.*, April.) *Braithwaite's Retrospect*.

BILLROTH—CANCER OF THE STOMACH.—The latest news from Vienna is that all the five cases of excision of the pylorus performed by Billroth and his pupils are dead, except the last, which we reported two weeks ago as executed by Wolford. Death was due, not to the consequences of the operation, but to a recurrence of the cancer in another part of the abdominal cavity.—*Louisville Med. News*.

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LECTURES ON THE PATHOLOGICAL ANATOMY OF THE SKIN.

BY JAMES TYSON, M.D.,

Professor of General Pathology and Morbid Anatomy in the University of Pennsylvania.

Delivered at the University, May 6th, 1881.

Reported by LOUIS J. LAUTENBACH, M.D.

Lecture V.—Morbid Growths of the Skin (Continued).

Continuing the subject of tumors, we have a *myxoma* and *lipoma* found in the deeper parts of the derm and in the subcutaneous connective tissue; occasionally we find also cavernous tumors, in which the vessels are dilated, really *angiomas*.

The *glandular carcinoma*, as distinguished from the epithelial carcinoma, is found in the skin rather rarely, and when found, is always secondary, either *per contiguum*, or by metastasis. In the former instance a deep-seated cancer of muscle, bone, or gland, extends outwardly, and thus involves the skin secondarily. In the latter instance the local disease may be looked upon as a part of a general carcinomatosis, since the skin is seldom, if ever, involved, until many organs are secondarily affected.

A form of cancer of the skin which is the result of growth by continuity, is the "ivory cancer," or the carcinoma "en cuirasse" of the French pathologists. In this form the whole of the front of the chest is dotted with carcinomatous nodules, which extend from a primary cancer of the breast and give rise to an appearance which has suggested the French name.

We have next to consider a set of morbid growths of the skin, which are chiefly composed of granulation tissue, whence the name granulation tumors, suggested by Virchow. They include *gummy tumor* of syphilis and *leprosy*. Both are tubercular specific growths, the result of a specific causation, and after a certain stage of development is reached, present certain anatomical peculiarities.

They differ further, in the fact that while the syphilitic product is rapid in its course, the product of leprosy is for a long time seemingly undecided as to whether it should break down or organize, but sooner or later both undergo suppuration and fatty metamorphosis.

To take up the syphiloderm first, you will recall the general characters of the *gumma*, from the description given in my winter course of lectures.

Several foci of granulation tissue occur, surrounded by larger areas of new formation, the central foci exhibiting a tendency to fatty metamorphosis of the cells, and a mucous degeneration of the intercellular substance constituting the so-called cheesy degeneration.

The *gumma* of the skin differs from that of the internal organs, in its more rapid course, and by the fact of its occurrence being usually multiple. Thus, in the liver it is not unusual to find a single solitary tumor in the organ, or a few scattered here and there; while in the skin you find a number of hard nodules about the size of a pea, cheesy, hard to the touch, and although not always elevated above the surface of the skin, nevertheless easily felt as hard nodules beneath the epiderm, or in the cutis itself. The gummy tumor of the skin may also occur singly, when it is usually larger in size, but pursues the same course. The multiple growths preferably occur on the face, but may also occur upon the back, and more rarely the extremities. The solitary *gumma* is found anywhere on the body, but prefers the looser and softer tissues, as the flexor surfaces.*

The primary hardness is a conspicuous feature, yet subsequently the growth softens. This softening is brought about by the process of fatty metamorphosis and suppuration alluded to. Cells proliferate rapidly and undergo fatty metamorphosis, and the imperfectly formed intercellular substance undergoes mucous degeneration. The nodule ruptures and the contents are discharged. An ulcer is formed, the walls of which, to the extent of a line, are infiltrated with young cells of the same character. The solution is more rapid than the new formation, and the ulcer keeps on growing larger and larger, unless limited by specific treatment; which, by the way, is a therapeutic test. The syphilitic ulcer heals under the use of iodide of potassium, while the leprosy ulcer remains unhealed. The cicatrix resulting from the healing of a syphilitic ulcer is characterized by its tendency to contract, become less distinct, and even disappear.

* The tubercular gummatus syphilide is here placed in a single category, after Rindfleisch, the basis being a histological one. Other authors, as Dühring, make two divisions, to one of which he applies the name *syphilodermia tuberculosa*. This, he says, may be single or multiple, usually the latter, and invades most commonly the face, back, and more rarely the extremities. The second alone he calls *syphilodermia gummata*, which he says rarely exists in numbers; occasionally only it is multiple, and it may occur in any part of the body.

In the visits which some of you have occasion to make to the library of the College of Physicians, you may have seen in one of the cases the photograph of a boy, hideous in aspect, from the ravages on his face of syphilitic lupus. Alongside of this you will see the picture of a tolerably good-looking boy, the same individual after anti-syphilitic treatment.

There are some modifications of syphilitic lupus, as the effects of the ulcerated gummy tumors is also called, due to differences in the size and depth of the ulcers; they are apt to arrange themselves concentrically, resulting in disc-like ulcers, which, in consequence of healing in the centre, become annular. Hence the term *lupus syphiliticus serpiginosus*. The term *lupus syphiliticus exulcerans* is applied where the nodule, being large, has resulted in a deep-seated excavation. The term *lupus syphiliticus hypertrophicus* is used where there is in the first place an abundant connective tissue basis, in which the small and isolated nodules are seated.

The next of the family we have been considering is *leprosy*. Here, again, we have the same essential inflammatory tubercular new formation constituting the initial stage.

Macroscopically it presents an appearance like the syphilitic lupus of the skin. The hands and the face are favorite seats. The new growth appears in the form of nodules, of which some are small, others are as large as a walnut. These may be preceded by an eruption of blebs and yellowish or brownish macules. The maculæ may occur upon any part of the body, but most commonly on the trunk and extensor surfaces of the extremities. As a consequence of the large size of the nodules the deformity and horrible appearance is much more marked.

The leprous nodules are characterized by the absence of hair upon them, even when situated in the hairy scalp, and loss of sensation in the parts involved. The former results from an encroachment of the embryonic tissue upon the hair and sebaceous follicles, as a result of which the nutrition of the hair is interfered with and it wastes. The latter is ascribed to the involvement of nerves by the new growth. This anæsthesia is a very characteristic symptom of leprosy, the most extensive destructive processes, involv-

ing even the disarticulation of limbs, being painless.

Up to the point of nodule formation the resemblance to the tubercular syphilide may be close. But here it ceases. For, instead of undergoing softening and suppuration in the course of a few weeks, or months, the tubercular condition is maintained for years before softening sets in. After years, however, the same regressive metamorphosis and suppuration set in. The leprous ulcer produces a thin sanious pus, which, drying, produces a brownish crust. Given this condition the leprous person becomes one of the most hideous of objects.

Having its habitat in the Sandwich Islands and Southern Asia, the Pacific coast of the United States, in consequence of its proximity to those islands, has been more or less invaded. Indeed, I believe there is in San Francisco a hospital for lepers.

It is a contagious disease, at any rate it is generally so considered; although its contagion is different from that of syphilis, in that the secretion of the syphilitic gumma will not, if inoculated, reproduce the syphilitic product; it is thought that the leprous product does give rise to its peculiar local product, although the contagion does not always spread; only a few days ago, in reading the proceedings of a California Medical Society, the members of which had had experience with leprosy, there were those who disputed its inoculability. The instance was quoted of a woman who married three lepers successively, and nursed each of them until death relieved them, while she escaped unharmed.

A second form of leprosy is described as *lepra anæsthetica*, which may occur alone, or in conjunction with the tubercular form. In the beginning, hyperæsthesia of the skin may be present, but sooner or later anæsthesia sets in, first in the pigmented places, whence it extends to non-pigmented portions. Sooner or later the skin begins to *atrophy* and become wrinkled; the wasting extends to the muscles, the hair and nails are altered and often shed, the fingers and toes become contracted and distorted. Still later, the bones even are attacked, the joints opened and disarticulated, while the fingers, toes, and even hands and feet, may drop off.

GALVANO-CAUTERY IN HYPERTROPHIC NASAL CATARRH.

BY CARL SEILER, M.D.,
Of Philadelphia.

The majority of patients afflicted with nasal catarrh that come under the notice of the physician suffer from what is very aptly termed hypertrophic catarrh, a form of the disease in which portions of the lining mucous membrane have become hypertrophied to such an extent as to produce either complete or partial stenosis of the nasal cavities. These swellings may be situated at the anterior portions of the turbinated bones, thus occluding the anterior nares, or they may be found hanging from the posterior portion of the turbinated bones, filling up the posterior orifice of the nares, and are prone to bleed. In either case the symptoms are the same, viz: partial or complete inability on the part of the patient to breathe through his nose, very little if any discharge from the anterior nares, but a copious flow of thick, tenacious mucus into the pharyngeal cavity, causing constant hawking to remove it, frequent attacks of severe frontal headache, irritation of the pharynx and larynx, often amounting to chronic inflammation, and besides a feeling of malaise, a more or less pronounced oppression in the chest. The voice of the patient has a peculiar nasal sound, by which the trouble can be diagnosed by a practiced ear, often without an examination of the parts. It is not difficult to explain all these symptoms when we take into consideration that there exists an obstruction to the free ingress and egress of air in the nasal cavities, and we cannot hope to relieve our patients of these symptoms unless we remove the obstructions. That this cannot be done, in the majority of cases, at least, by internal medication or local application of astringents, has been clearly demonstrated by the failure of this treatment in so many cases that the general public firmly believes nasal catarrh to be absolutely incurable. Of late surgeons have attempted to remove these hypertrophies with caustics, the forceps or the knife, but the pain inflicted by these operations as well as the not infrequent inflammatory complications following them, has deterred both patients and physicians from making use of them after a few trials. This does, how-

ever, not apply to galvano-cautery properly and carefully used, and we have in this agent a safe and satisfactory means to get rid of the obstructions in the nose.

I am in the habit of using the galvano-cautery knife in those cases in which the swellings are situated in the anterior nares in the following manner: after having brought the hypertrophied portion of the mucous membrane into view, by means of a rubber speculum, shaped like the ordinary ear speculum, but somewhat flattened at the narrow end, I introduce through it the galvano-cautery knife, and cut, with it at a cherry heat, across the swelling, making the incision deep enough to penetrate through the mucous membrane into the subjacent cavernous tissue. I then remove the platinum loop, still glowing, for if it is allowed to cool while in contact with the tissue it is apt to stick to it, causing pain and hemorrhage, and wash out the nostril with a spray of Dobell's solution, after which I introduce a powder composed of pulv. acaciæ, *dr. j.*, bismuth subnit., *dr. ij.*, and morph. sulph., *grs. xx.*, and do no more at the same sitting, but repeat the operation at the interval of several days, until the hypertrophy has disappeared and the air passes freely through the nostril without giving rise to any noise.

I use the nasal speculum in preference to the usually employed nasal dilator, as it serves a double purpose in bringing the part to be operated upon into view and also in protecting the other parts during the introduction and removal of the glowing knife, for it is somewhat difficult not to touch some portion of the nasal cavity without such a protecting shield. The knife should be at a cherry heat when the incision is made, then there will be no hemorrhage and scarcely any pain, but if the heat is too great considerable bleeding will follow the incision, and if the loop is not hot enough the pain will be severe. The immediate result of the incision is the formation of an eschar and of acute inflammation surrounding the burned portion of the mucous membrane, which stands in a direct relation to the extent of the burn, and which will spread over the whole nasal cavity, producing a more or less severe coryza, if not counteracted. If, therefore, too much is attempted at one sitting the inflam-

mation may be so severe as to be unmanageable, and cases are on record in which the outer integuments of the nose and face have become involved in an erysipelatous inflammation in consequence of too much tissue having been destroyed in the nasal cavity at one sitting. In order to prevent the inflammation from spreading and producing coryza I introduce some of the bismuth powder into the nasal cavity, by means of an insufflator, with a view to cover the wound and protect it from the air and dust; and, in this way, almost invariably succeed in saving my patients the annoyance of a severe cold in the head. I have used this same preparation in cases of hay fever with very gratifying results. The ultimate result of the cauterization of these hypertrophies is the formation of a band of cicatricial tissue, possessed of considerable contractile power, which, when fully formed, binds down the swelling and prevents the stenosis. According to the size of the swelling, from three to eight or ten incisions will be necessary to obtain the desired result.

Subsequent incisions into the hypertrophic portions of the nasal mucous membrane should never be attempted until the eschar and acute inflammation resulting from the previous burning have disappeared, and it is impossible to state any given time when the operation should be repeated, for the length of time that the scab remains varies greatly in different individuals.

The so-called posterior hypertrophies, those that are situated on the posterior portions of the turbinated bones, unless they are small and can easily be seen through the anterior nares, may be more effectually and satisfactorily removed by means of Jarvis' wire snare.

It is self-evident that the removal of the obstructions in the nares will produce a beneficial result. But we should follow up the advantage gained and endeavor to remove the chronic inflammation of the mucous membrane which gave rise to the swellings, by the appropriate treatment with astringent solutions introduced in the nares in the form of sprays.

A short report of two rather remarkable cases of hypertrophic catarrh which lately came under my care will illustrate this short sketch of the operative treatment of nasal catarrh.

CASE 1.—Mr. C. H., a medical student, consulted me in regard to some nasal trouble, and stated that for at least eighteen months he had been unable to breathe through his nose at night, and that lately, even in daytime, he was troubled with an obstruction in his nose, expressing the belief that he was suffering from nasal polypi. He also complained of constant dropping of tenacious mucus into the pharynx, of an irritation of the larynx, hoarseness of the voice after reading aloud, and a sense of oppression in the chest. He seemed very low spirited and anxious about his general health.

On examination, I found the left nostril almost entirely occluded by a large sessile swelling, situated near the anterior portion of the lower turbinated bone and pressing against the septum. On introducing a probe and pushing the swelling away from the septum, I saw that the contact of the two surfaces had given rise to a shallow ulcer on the septum. The right nostril, also, was occluded by a hypertrophic condition of the mucous membrane covering the lower turbinated bone, but not to the extent seen in the left nostril. A rhinoscopic examination revealed no posterior hypertrophies, but showed the mucous membrane of the posterior nares and the vault of the pharynx to be covered with tenacious mucus. The larynx was in a state of subacute inflammation. An examination of the chest revealed no evidences of the disease in the lungs.

The treatment in this case consisted in washing out the nasal cavities with Dobell's solution, and making incisions into the swellings with the galvano-cautery knife, which was repeated every two days. In the course of three weeks the hypertrophies had been reduced to such an extent that the patient insisted upon it that he was entirely well, all the subjective symptoms having disappeared. The hyperæmia of the mucous membrane lining the nasal cavities which still remained was treated with astringent solutions introduced with a spray, which the patient was directed to do himself, and at the present writing he declares that none of the symptoms have returned. This case is remarkable on account of the short time within which the hypertrophies were completely reduced.

CASE 2.—Samuel N., a salesman in a dry goods store, consulted me toward the latter part of April

of the present year, in regard to his throat. He stated that for more than two years he had had a dry, tickling cough, a great deal of hawking and spitting, especially in the mornings, frontal headache, oppression in the chest, and shortness of breath, on slight exertion, and complete inability to breathe through his nose at night. He was greatly alarmed about himself, on account of, as he stated, a copious hemorrhage from his lungs several days before I saw him. He appeared emaciated, and on inquiry I found that he had lost considerable weight during the last few months. His voice was so devoid of all nasal resonance, that I at once suspected complete nasal stenosis might be the cause of all the symptoms, and an examination fully confirmed this hasty diagnosis of the case, for I found, not only both nostrils obstructed by anterior hypertrophies, but discovered also, by means of the rhinoscopic mirror, two large posterior hypertrophies filling up the posterior nares, one of which showed traces of having bled recently. In the larynx, I found chronic inflammation of the mucous membrane, and a slight abrasion in the inter-arytenoid space. Both tonsils were greatly hypertrophied. An examination of the lungs revealed slight prolongation of the expiratory sounds and a few moist râles in the apex of the left lung.

I decided first to remove the posterior hypertrophies with Dr. Jarvis' wire snare, then to ablate the tonsils and finally reduce the anterior hypertrophies with the galvano-cautery. I at once proceeded to introduce the snare, and succeeded in removing one of the posterior hypertrophies, without the slightest hemorrhage, and very little pain, thanks to the admirable instrument used. A few days later I removed the other tumor in the same manner, and immediately after the operation the patient stated that he felt great relief from the oppression in the chest. In turn, the tonsils were ablated and the galvano-cautery applied to the anterior hypertrophies, which in the course of a few weeks were greatly reduced in size. With the opening up of the nasal passages the laryngeal and pulmonary symptoms gradually subsided, and the patient by the end of June had regained his former good health.

The reports of cases of hypertrophic catarrh in which the galvano-cautery has been used with

satisfactory results might be multiplied indefinitely, but I trust that the above short notes of two cases are sufficient to show the advantages which this agent possesses in the treatment of such cases, over the forceps, knife, or other caustics.

CARL SEILER, M.D.,

1346 Spruce Street.

RUPTURE OF THE DRUMHEAD FROM A BOX ON THE EAR. RECOVERY.

Conservatism is one of the most essential virtues that a physician can be endowed with, if he will only practice it. I present a case that was left entirely to nature, a complete cure being the result, where, if medical interference had been instituted, such as is set forth in the text books, and followed out to the letter, the injury would have been aggravated and recovery prolonged, and probably the result would not have been nearly so satisfactory.

Mr. J., aged twenty-two, called on me one afternoon last February for consultation, stating that in the morning, with a companion, he had been indulging in the innocent amusement of "boxing," and that his antagonist had struck him a rather severe blow on the left ear, and since then there had been a ringing in the left ear, together with a smarting pain in the same.

Status Præsens.—Patient has had no dizziness or vertigo since receiving the blow, but his countenance wore the expression of pain and anxiety. My watch was heard in the right ear normally, (distance five feet); in the left ear hearing was reduced to a little less than half. Otoscopic examination of the right ear showed it to be normal. In the left the membrana tympani presented a clean, straight incision or fissure, about one-eighth of an inch (three mm.) in length, the centre of the wound behind the insertion of the handle of the malleus, the direction almost in the vertical plane extending into the posterior superior, and posterior inferior quadrant. The edges of the fissure were moist, but no hemorrhage had occurred. When I directed him to perform the Valsalvian method, the air whistled through the fissure and forced through a thin serous substance, making the edges more moist, but not enough accumulated to form a drop. The surfaces adjusted them-

selves perfectly, when the middle ear was not inflated, and nothing was visible, save the dark, thread-like fissure. The external meatus was in a dry condition, with some impacted cerumen adherent to the sides, the healthy cerumen being suppressed. The posterior pharyngeal wall was covered all over with a dense coating of mucus, upon the removal of which the surface presented a granular condition. The posterior parts of the turbinated bones showed no hypertrophy; the tonsils showed a slight hypertrophy. The patient denied ever having had any aural disease; that he never noticed even the slightest impairment in his hearing; has had most of the diseases incident to early life, but no sequela has followed any of them. The throat is very susceptible to cold, and is sore if he gets the least cold. His business is such as places him in acid fumes more or less of his time, and he assigns that as the cause of his throat troubles. I advised perfect quiet, removed the impacted cerumen that was adherent to the walls of the external meatus, and lubricated them with vaseline; informed him that in order to cure the catarrh, he would have to make direct applications to the parts; he thought it useless to treat the throat in order to cure the ear, and had nothing done with the throat, but resolved to give up that part of his work that placed him in contact with the acid fumes, and consented to use an astringent to gargle the throat. One week later I saw him again, the subjective symptoms having disappeared, hearing having increased to about two-thirds. The fissure in the membrana tympani perfectly healed. About five months later, I saw him again. Patient thinks he hears as well in the left ear as in the right ear—h. r. §§, h. l. §§; membrana tympani considerably retracted; at the right of the former fissure was a dense cicatricial tissue, radiating from below upwards; both Eustachian tubes are open and free from secretion. The left membrana tympani shows an increased concavity of the whole membrane, foreshortening of the manubrium, and increased prominence of the short process; no change of color in the membrane is manifest. The pharyngitis still exists, but has greatly improved, although he has not given up his vocation yet.—(Dr. A. S. Core, in the *Peoria Medical Monthly*, August, 1881.)

ADVERTISING SPECIALISTS.

In the May number of the *London Specialist* appears a communication from "A Subscriber," as follows, "Sir: Is it unprofessional for me to place on my door plate "Dr. —, Ophthalmic Surgeon," or "Dr. —, Oculist;"? Medical men place on their door plates "Dr. —, Dental Surgeon," "Dr. —, Surgeon Dentist, and "Dr. —, Dentist." If the one is right, why not the other? In America it is the custom to place on the door plate, "Dr. —; Specialty, the Eye," or "Dr. —; Specialty, the Ear," etc. How are we to let the public know when we practice a particular specialty? I should be glad if you would give your opinion on these points, etc." This communication is answered in an editorial, in the course of which the editor says, "We do not recommend that such a designation should be adopted by our correspondent, and we doubt whether he would not incur the displeasure of many of his *confreres*; still we repeat that we can see no sound objection to such a proceeding, and are inclined to the opinion that sooner or later such a designation will be common enough, and will be thought nothing of." In this we agree with our fellow editor. But he also, says, "We believe it is correct, that American physicians style themselves in the manner our correspondent states, but that is no reason why British physicians should act similarly. There are many things done by the profession across the Atlantic that we should be loth to see imitated in this country, and the fact that the system is in vogue in the States would rather tend to prejudice the mind of the profession here against it than otherwise. The question is one that must be settled, not by any reference to what is done in other countries, where professional propriety is perhaps not much thought of, but by the feeling of the profession at home in the matter." Here we must take direct issue with our, no doubt well meaning, but evidently misinformed friend. In the first place, while we have in this country quacks and medical impostors, just as they have in England, yet these men are not recognized by the regular and legitimate practitioners of medicine, among whom the highest sense of professional propriety prevails. We have our code of Ethics, and are held to it as rigidly as our brethren of England are to theirs.

Secondly, in the city of Philadelphia, at least, for certain, and I *think* in all other cities of the United States, *reputable* Specialists DO NOT advertise their specialties on their door plates. Their door plates or window signs simply bear the inscription, "Dr. —," and nothing more. His devotion to a special branch becomes known to the public only through the reputation he may gain from the "*word of mouth*" of his patients. Our physicians do not even affix the term *Surgeon* after their names, as the *London Specialist* tells us they are accustomed to do in England. Of course we have *advertising doctors*, every country contains them, but they constitute no more a part of the legitimate profession in this country than they do in England. We make this short statement in the hope that when it reaches the eye of our confrere, he may correct the erroneous opinion of American professional propriety which his editorial has no doubt engendered in the minds of those of his English readers who have not as yet honored the United States with a visit to see for themselves. (EDITOR.)

A CASE OF EXOPHTHALMIC GOITRE. RECOVERY UNDER ELECTRICAL TREATMENT.

BY A. D. ROCKWELL, M.D.,

Electro-therapeutist to the New York State Woman's Hospital, etc.

In my third edition of Beard and Rockwell's "Treatise on the Medical and Surgical Uses of Electricity," will be found a new chapter devoted to the subject of exophthalmic goitre in its relations to electrical treatment. In that chapter I recorded eight cases, with three recoveries and one approximate recovery. Of the remaining four patients, all received benefit, so far as regarded a modification, more or less marked, of the heart's action, while in two of them the goitre decreased somewhat in size. A fifth case of recovery has been recorded in another place,* and I now have the pleasure of giving the details of still another, making six recoveries out of a total of ten cases. It would, I am quite sure, be impossible to obtain similar results in a given number of cases through any one method of electrical treatment. In some cases, localized galvanization by the ordinary method may prove efficacious. This method may

be thus described: Place the cathode over the cilio-spinal centre, above the seventh cervical vertebra, and the anode in the auriculo-maxillary fossa, gradually drawing the latter (after a few moments of stable treatment) along the inner border of the sterno-cleido-mastoideus muscle to its lower extremity. The second step in this process consists in removing the anode to the position occupied by the cathode, and placing the latter over the solar plexus, using for a few moments longer a greatly increased strength of current. In other cases, currents alternately increased and diminished may prove most effective, as I have practically demonstrated. Last, but not least, the general application of the faradaic current sometimes proves an important factor in the method of treatment. It is not very difficult to believe nor to understand why general faradization is so effective in lowering a pulse that is rapid as a result of nervous excitement, and in increasing its strength when it is both rapid and weak through nervous exhaustion. It is more difficult to explain why this result is so pleasantly obtainable in cases of exophthalmic goitre where the galvanic current, after benefiting up to a certain point, fails to do more. The faradaic certainly does not affect the sympathetic so directly and powerfully as does the galvanic current, and we are obliged, for an explanation, to refer to its well known superior tonic properties, and to the fact that the complete and thorough excitation of the cutaneous nerves by general faradization is followed by a greater and more desirable reflex influence. In a case of over thirty years' standing, which I recently treated, but in which I failed to cause any appreciable reduction in size, this power of one current to supplement the action of the other was well illustrated. The pulse of the patient was constantly at or above 115. The action of the galvanic current reduced it to 105, but failed to do more than this after considerable effort. General faradization was then attempted, with the result of effecting within a week a further and seemingly permanent reduction of twelve beats. At the same time the general condition of the patient was improved greatly.

CASE.—Mrs. G. H. W., aged thirty-two, of slight build and delicate constitution, came to me with the following appearance and history:

* Lectures on Electricity as Related to Medicine and Surgery, by A. D. Rockwell, M.D. New York: William Wood & Co.

The eyes were quite protuberant, and the heart's action was rapid and irregular, the pulse beat never falling below one hundred, and sometimes mounting as high as one hundred and thirty. The thyroid enlargement might, in general terms, be said to be about the size of a small orange, and was remarkably soft to the feel and pulsating in character. All her life, up to within two years, her health had been more rugged, but at that time she suffered from what she called "malaria," and subsequently, on a cold spring day, was caught in the rain, and stood for over an hour with wet feet. Her menses failed to appear, and she had "seen" nothing up to the time of my interview with her. The various symptoms of exophthalmic goitre began to show themselves within six months, and appeared to be increasing. Regularly, every month, all the symptoms become aggravated; there is greater protrusion of the eyes, the goitre swells, and the average pulse beat is quicker. It was very easy to believe that these symptoms were, in a measure, if not wholly, dependent upon the sudden cessation of the menstruation. General faradization, which is frequently very useful in amenorrhœa, failed in this case, and internal applications were resorted to. After the third attempt menstruation appeared, with more than the usual flow, followed by a most gratifying alleviation of all the symptoms. It is possible that the menses might have been excited in this case by internal medication, with the same immediate amelioration of symptoms. Excitation of menstruation proved, however, not to be a cure, although the patient seemed to think it all that was necessary, since she absented herself until after the next period, which came on normally, but was followed by no further change in her condition. There were yet marked ocular protrusion, swelling of the thyroid and rapidity of the circulation. I now alternated the general treatment with local applications of the galvanic current, with the result, after some twenty-five sèances, of an entire disappearance of the exophthalmus. The pulse was reduced to nearly its normal activity, while the thyroid enlargement finally ceased to pulsate, and was reduced to less than one-half its former size, becoming, through a probable hyperplasia of the glandular tissue taking the place of the dilated vessels, quite firm

and hard.—(*New York Medical Journal*, June, 1881.)

FOREIGN BODIES IN THE ANTERIOR CHAMBER OF THE EYE. *

BY DR. J. P. LIPPINCOTT.

Read before the Alleghany County Medical Society.

Dr. Lippincott reported two interesting cases of *Foreign bodies in the anterior chamber of the eye*, which had come under his observation during the past few weeks.

The first case was that of a young lady who was struck with a splinter of steel from an instrument with which she was chipping off the irregularities on the inside of a pitcher. The fragment, which had been in the eye four weeks, was about one-thirtieth of an inch in length, and was attached at one extremity to Descemet's membrane, while the other extremity projected into the aqueous humor. The cornea was incised down to the membrane of Descemet, and an effort at extraction was made with Gruening's magnetic probe. This proved unsuccessful, although the free end of the steel readily swayed from side to side, in response to the movements of the probe. It was found possible, however, to grasp and remove the foreign body with a pair of fine forceps—a procedure which was probably facilitated by the previous magnetizing of the fragment. The patient, who lived at a distance, was, when last heard from, doing well.

The second case was as follows: R. W. S. was "caulking" the joints of a Westinghouse air-brake pump, when a chip of copper struck his left eye. He applied for relief within an hour or two after the accident. On examination no great irritation was manifest, and no pain was complained of. A piece of copper, about one-fourth of an inch in length, and about as thick as a small toilet pin, was observed within the anterior chamber. It had passed through the cornea, and one end was embedded in the crystalline lens, which was nebulous in the vicinity of the wound. The other end leaned across the pupillary margin, in a direction upward and inward. The iris was uninjured. A small incision was made with a Graefe knife at the upper corneal margin, through which, by means of a pair of iris forceps,

* *Pittsburgh Med. Jour.*, Aug., 1881.

the fragment was easily seized and withdrawn. The wound healed kindly, but a small posterior synechia remained at the point where the lens capsule was wounded. This was treated with atropine locally and the mild chloride internally. Singular to relate the lens did not swell. There remained, however, an irregularly shaped opacity in the anterior capsule, about one-sixteenth of an inch in its longest diameter, to which the iris was still adherent, although the adhesion had stretched considerably. The vision was $\frac{20}{40}$ and improving. It was thought highly probable that the synechia was providential; in other words, that the iridal plasma sealed up the wound in the capsule, and thus prevented the access of aqueous fluid to the lens-substance.

SENSE OF SMELL IN DIAGNOSIS OF SYPHILIS.

CITY HOSPITAL, MOBILE, May 17, 1881.

To Editor of the *Courier of Medicine* :—

In the May number of the *Courier*, I notice some comments upon a paper which appeared in the *American Journal of Sciences* (Medical), by Dr. Isham, relative to the odor-mortis, as noted by him while in service at one of the Washington hospitals. You remark, with truth, that anything which affords a reasonable prospect of increasing our means of diagnosis and prognosis is of interest to the physician, and you might have added, should be given fair trial upon its merits. In this connection, I propose calling your attention, very briefly, to a modest little observation of my own. Since I have been in charge here, as resident physician, having to treat syphilis and a great many of the phases of morbidity it determines from the primary syphilitic basis, I have been struck with the uniformity of peculiarity, so to speak, as shown in the odor emanating from the person of syphilitics, particularly in the later stages, when the system is pretty well saturated with the poison, the characteristic eruptions for the time being absent. I have repeatedly, to test the accuracy of my observation, made a diagnosis in these cases by the sense of smell alone, substantiating and confirming such diagnosis by subsequent examination by the usual methods. I mentioned this fact, I remember, to another physician here in the city, who sees a good deal of

syphilis in his hospital practice, but he said that he had never been able to detect anything peculiar in the odor; but to me there is certainly an emanation in the form of smell, marked, peculiar, and distinct, and it may be that other of your readers have the same nicety of discrimination as myself in this matter. Respectfully,

WM. T. HAMILTON, M.D.

—*St. Louis Courier of Medicine*.

[We shall be glad to hear from syphilographers on this subject, and if any have noticed this same odor, we shall be pleased to have them endeavor to give as accurate a description of its nature as possible.—ED.]

TREATMENT OF MALARIAL FEVER.

Having lived for years on the banks of the Mississippi river, where intermittent and remittent fevers are the most constant maladies the physician has to combat, I will give my treatment in the chronic forms of this disease, in connection with enlargement of the spleen; and where it has been persistently adhered to for five or six weeks I cannot record a single failure.

R. Sulphate quinine, 3j
Crys. iodine, gr. xv
Ipecac. pow., gr. xx.

Triturate the iodine; add the ipecac. and quinine, triturating the combination well; divide into forty pills.

SIG.—One pill half hour before each meal.

I give the following prescription in connection with the above, to relieve the visceral obstruction and engorgement:—

R. Fluid ext. mandrake,
Fluid ext. leptandra,
Fluid ext. stillingia, aa 3j
Whisky, 3 ij. M.

SIG.—Teaspoonful after each meal.

It will be necessary to check the paroxysm with an antiperiodic before commencing the above treatment. In very obstinate cases, where the disease is of long standing and the spleen is very much enlarged and indurated, an application of the comp. iodine ointment every other day will facilitate the reduction of this organ.

W. L. BELL, M.D.

Randolph, Tenn., Aug. 2d, 1881.

—*Medical and Surgical Reporter*.

—The improvements made to Jefferson Medical College will increase the seating capacity about one-third, and give better accommodations in the laboratory and dissecting room.

The American Specialist.

COMMUNICATIONS for the Editorial Department of this Journal, Books for Review, etc., should be addressed to the Editor, care of the Publisher.

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PRESLEY BLAKISTON,

1012 Walnut Street, Philadelphia.

PHILADELPHIA, SEPTEMBER 1, 1881.

EDITORIAL.

Owing to our crowded columns, we have but little space this month for an editorial, and we are glad of it. We are waiting until the unfortunate and greatly lamented condition of the President of the United States shall have become a final certainty, until he recovers or dies. Then, and not until then, shall we have our say about this truly notable case. We will then present to our readers a careful analysis and summary of the exceedingly great amount of literary effort which has been expended in the effort to furnish the great American public with a correct idea of the daily condition of their wounded Chief Executive. Many and egregious have been the blunders made, notably by that contemptible property of its still more contemptible proprietor, the so-called leading daily of New York. The medical profession has been grossly misrepresented and villified by the reporters and editors of the secular press, who, not knowing whereof they wrote, were idiots enough to imagine themselves capable medical critics. More particularly have the physicians in close attendance upon the President been pricked and somewhat annoyed by the pigmy darts and senseless criticism of befuddled reporters. Strange events have transpired in the sick room. The code of Ethics has been temporarily suspended, and there are many more than ordinary incidents

connected with this remarkable case. With unseemly haste, some medical journals are now coming forward with personal accusations and criticisms, when the President's fate still hangs in the balance. This is in poor taste. We shall treasure in our editorial pigeon-hole all these interesting items, and when the fate of our poor President is settled, we will furnish them all to you in the shape of an editorial, in our October or November issue.

BOOK REVIEWS.

A TREATISE ON THE DISEASES OF THE NERVOUS SYSTEM. By William A. Hammond, M.D. Seventh Edition. Re-written, enlarged, and improved. New York: D. Appleton & Co., 1881.

The first edition of this work was given to the profession in 1871. In ten years six editions have been exhausted, and we now have the seventh presented to our notice. This fact alone is sufficient eulogy of this volume. The American people may, for a time, be imposed upon, but it takes them only a short time to analyze and separate good from bad, and when they find something good they hold fast to it. This work has received a French translation, and one into the Italian language is now in course of preparation. General practitioners who desire to know something about diseases of the Nervous System should consult this work, and to such we heartily recommend it.

MEDICAL ELECTRICITY. A Practical Treatise on the Applications of Electricity to Medicine and Surgery. By Roberts Bartholow, A.M., M.D., LL.D., etc., etc. Philadelphia: Henry C. Lea's Son & Co., 1881. Price \$2.50.

Electricity is one of the dark points in the practice of medicine. Every physician knows that its power is invoked, and that it is a potent agent in the treatment of diseases, but very few have any definite ideas concerning its action or its mode of application. In this volume Dr. Bartholow gives an immense amount of information. In his preface, he says, "This book, then, must be regarded as the exposition of electricity for remedial purposes, made by a medical practitioner for the use of other medical practitioners. No claim is made on the ground of pure science. It is believed, however, that the work makes an adequate presentation of the subject, regarding electricity as a remedial agent—as one of the means employed for the treatment and cure of diseases." Such a presentation this volume certainly does make, and by its careful study the physician will be enabled to intelligently utilize a very potent remedy.

LANDMARKS, MEDICAL AND SURGICAL. By Luther Holden. Assisted by James Shuter, M.A. Camb., F.R.C.S. Third Edition. Philadelphia: Presley Blakiston, 1881. Price \$1.25.

This is a short volume which contains a considerable amount of interesting though not absolutely essential information. However, it will be found very useful by practitioners. It is a sort of an aid to diagnosis, pointing out the prominent points, the *landmarks*, as it were, of the different portions of the human body, thus assisting very much in the formation of a correct diagnosis. While not a necessary volume, yet it is one which will greatly assist the physician, and we would recommend all who can to possess it.

A PRACTICAL TREATISE ON IMPOTENCE, STERILITY AND ALLIED DISORDERS OF THE MALE SEXUAL ORGANS. By Samuel W. Gross, A.M., M.D. Philadelphia: Henry C. Lea's Son & Co., 1881.

Dr. Gross is a forcible and interesting writer, and he here presents, in an attractive style, very much valuable information. The question of Impotence and its numerous causes is exhaustively discussed. So, also, are Sterility—Spermatorrhœa and Prostatorrhœa. This is an unusually valuable book, and must be read by every would-be thorough physician.

A GUIDE TO THE USE OF THE LARYNGOSCOPE IN GENERAL PRACTICE. By Gordon Holmes, L.R.C.P., Edinburg. Philadelphia: Presley Blakiston, 1881. Price \$1.00.

Mr. Blakiston seems to direct his attention in an especial manner to the publication of *practical* works. Theory is sometimes very beneficial, but practical results are productive, as a rule, of much more good. Most of the leading medical publishing houses throughout the country are now issuing works of a very practical character, and it is but just that it should be generally known that Mr. Blakiston was the pioneer in this now universal movement. This small volume before us bears additional testimony to his enterprise in this direction. It is a short, practical, common sense, and well illustrated guide to the use of the laryngoscope.

A NEW FORM OF NERVOUS DISEASE. Essay on Erythrocyton Coca. By W. S. Searle, A.M., M.D. New York: Fords, Howard & Hulbert, 1881.

The progress of the world, the more intimate comprehension of the laws of nature, which forms a part of this progress, and the better understanding of the phenomena of the human body which a clearer perception of these laws vouchsafed, will, of necessity, bring to light now and then new diseases. Dr. Searle thinks he has discovered a hitherto undescribed form of disease of the nervous system. The essay on Erythrocyton Coca is designed to illustrate the utility of this remedy in the treatment of this new disease.

THE MICROSCOPE AND ITS REVELATIONS. By William B. Carpenter, C.B., M.D., L.L.D., etc. Philadelphia: Presley Blakiston, 1881. Price \$5.50.

This is the sixth edition of Dr. Carpenter's well known and standard work on the microscope. It is profusely illustrated, containing twenty-six plates and five hundred wood engravings. The microscope is such a necessary adjunct to the diagnosis of disease that some knowledge of its workings is necessary to the successful practice of every physician. This volume is an exhaustive work, containing over eight hundred and fifty pages, but to the physician who can find time to read it, we most heartily commend it as a book containing a deal of valuable information.

BOOKS AND PAMPHLETS RECEIVED.

—"A Treatise on the Diseases of the Nervous System." By William A. Hammond, M.D. Seventh Edition, rewritten, improved and enlarged. New York: D. Appleton & Co., 1881.

—"Medical Electricity." A Practical Treatise on the Applications of Electricity to Medicine, and Surgery. By Roberts Bartholow, A. M., M. D., LL. D., etc., etc. Philadelphia: Henry C. Lea's Son & Co., 1881. Price \$2.50.

—"Landmarks, Medical and Surgical." By Luther Holden, assisted by James Shuter, M. A. Cantab., F. R. C. S. Third Edition. Philadelphia: Presley Blakiston, 1881. Price \$1.25.

—"A Practical Treatise on Impotence, Sterility, and Allied Disorders of the Male Sexual Organs." By Samuel W. Gross, A. M., M. D. Philadelphia: Henry C. Lea's Son & Co., 1881.

—"A Guide to the Use of the Laryngoscope in General Practice." By Gordon Holmes, L. R. C. P. Edin. Philadelphia: Presley Blakiston, 1881. Price \$1.00.

—"A new Form of Nervous Disease." Essay on Erythrocyton Coca. By W. S. Searle, A. M., M. D. New York: Fords, Howard & Hulbert, 1881.

—"The Microscope and its Revelations." By William B. Carpenter, C. B., M. D., LL. D. etc. Philadelphia: Presley Blakiston, 1881. Price \$5.50.

—"The Mother's Guide in the Management and Feeding of Infants." By John M. Keating, M. D. Philadelphia: Henry C. Lea's Son & Co., 1881.

—"The Compend of Anatomy." For Use in the Dissecting Room, and in Preparing for Examinations. By John B. Roberts, A. M., M. D. Second Edition. Revised. Philadelphia: C. C. Roberts & Co., 1881.

—"Habitual Mouth Breathing. Its Causes, Effects and Treatment." By Clinton Wagner, M. D. New York: G. P. Putnam's Sons, 1881. Price 75 cents.

TRANSACTIONS RECEIVED.

—Transactions of the Medical Association of Georgia. Thirty first Annual Session, Augusta, April 21, 22, 23, 1880.

—Transactions of the Medical and Chirurgical Faculty of the State of Maryland. 82d Annual Session, held at Baltimore, 1880.

—Transactions of the Massachusetts Medical Society, 1880.

—Proceedings of the 91st Annual Session of the Medical Society of Delaware, held at Dover, 1880.

—Transactions of the South Carolina Medical Association, 30th Annual Session, held in Columbia, 1880.

—Transactions of the Ohio State Medical Society, 36th Annual Meeting, held at Columbus, 1881.

—Transactions of the Michigan State Medical Society, for the year 1880.

—Transactions of the State Medical Society of Arkansas, at its 5th Annual Session, 1880.

—Transactions of the New Hampshire Medical Society, at its 90th Annual Session, 1880.

—Transactions of the Medical Society of Virginia for 1880.

—Proceedings of the 28th Annual Session of the Iowa State Medical Society, held at Des Moines, 1880.

—Transactions of the Maine Medical Association, held in Portland, 1880.

—Transactions of the Rhode Island Medical Society, vol. ii, Part iv, 1880.

Selections and Abstracts.

GONORRHOEAL RHEUMATISM.—(Clinic of Prof. J. M. Da Costa.) Gentlemen: At the conclusion of my last lecture I had just presented, and was about making some remarks upon, this case, which you will recall as that of the young man who had suffered with inflammation of the left ankle and knee joint, in whom the trouble arose in connection with, or if you like, in consequence of, co-existing gonorrhoea. I will not go over the points I have already enumerated, but shall merely say that there still exists a good deal of tumefaction of the joints, and that being fully convinced of the existence of pus in the left knee joint, we aspirated the swelling, with the result of obtaining a considerable amount of pus, which made the case a clear one, and a typical illustration of the form of disorder known as gonorrhoeal rheumatism. Suppurative synovitis, then, is characteristic of this form of joint affection. He did very well for the first few days after admission, under the treatment proper for ordinary rheumatism, when his urethral discharge was as yet unknown to us. We soon began to observe, however, this peculiar fluctuating temperature, which ascended each afternoon and fell in the morning. The urethral discharge was next discovered, and soon after decided fluctuation appeared in the knee, and, by aspiration, more than eight ounces of pus were obtained, the most of which seemed to come from around the joint rather than in it. After this operation he felt better, but in a few days the temperature went up again; although the knee exhibited no fresh

accumulation of pus, and, indeed, was still discharging, though less freely. We then detected obscure fluctuation about the right shoulder, deeply situated. Having the history of the case before us, we, of course, had no difficulty in determining what this meant; the fluctuation around the shoulder could have but the same interpretation as that in the knee joint, and we did for it exactly what we did for the knee, with the exception that in place of aspiration we made an incision at the lowest point of fluctuation, near the angle of the scapula, and as much as twelve ounces of pus were obtained. Let us look at this point. Here you see the incision, below the line of the scapula, from which pus is discharging. There is no swelling in the joint proper; the whole amount of pus seems to have been in the deeper tissues immediately around the joint; in the knee, you remember, we had some occasion for believing that there was pus in the joint as well as around it. This is a good illustration of what occurs in gonorrhoeal rheumatism, pus in and around the joints. All the time while this is going on he has a fever; the temperature is more or less high, with slight remissions, and the rheumatic symptoms are prominent, and yet there are no heart symptoms whatever. You may recall that, in regard to his treatment, we had placed him upon chlorate of potassium, with a view of modifying the state of the diseased mucous membrane, and, to some extent, the blood; and, as I told you in our last clinic, a certain amount of chlorate of potassium (gr. v solution) was employed locally, as a urethral injection. No other local treatment was adopted. This treatment shall be continued until the gonorrhoea is entirely stopped, when we shall suspend the chlorate of potassium, and give tinct. ferri chloridi (gtt. xx) four times daily, ten grains of quinia daily, and good food. He is now getting well; there are no fresh depots of pus forming, and I do not think that they will form, as he is entering into convalescence. I only say this from present indications, however, as his fever has nearly gone and no new joints are involved. This case demonstrates what I am in the habit of teaching, that gonorrhoeal rheumatism is, in truth, a form of pyæmic rheumatism, involving special features and requiring special treatment. The much less frequent occurrence of acute heart complications in this disease serves also to separate it clinically from ordinary acute articular rheumatism.—*College and Clinical Record, July 15, 1881.*

VOMITING OF PREGNANCY.—“I have been having a siege for the past two months with cases of sympathetic vomiting, due to the pregnant state, and two of them obstinate in the extreme; and if anything in the prac-

tice of medicine will baffle a man's skill, exhaust his medicine case and discourage inexperienced patients, it is an obstinate case of this character. And it is for this reason that I write to add my contribution to the already extensive lists of remedies in vogue. I had two cases, advanced two months in pregnancy, who retched and vomited almost continuously for about two weeks before I got them under control. Patients became discouraged, could not retain a morsel of food and threw up even ice water. My list of remedies included liver regulators, morphia, ingluvin, wine of ipecac., chloroform, and even blisters; but all to no avail, till finally I resolved on the following, which checked vomiting and restored the appetite without much delay:—

R.	Sat. sol. bicarb. soda,	℥ ij
	Creasote,	gtt. iv
	Morphia sulph.,	gr. iv. M.

SIG.—Teaspoonful every hour.

I, at the same time prescribed sweet cream (ice cold), given in tablespoonful doses, half way between each dose of medicine. This gave me glory, restored the confidence of my patients, and made their husbands feel happy. And now I feel like "Richard is himself again," and I would urge upon the profession to try it. I know that bicarb. soda has been prescribed before; so has creasote, but not in this combination, that I ever read of."—(Signed) DUDLEY M. CULVER, M. D., in *Obstetric Gazette*.

BACKACHE.—Mr. Wm. Squan, writing to the *British Medical Journal* (vol. 1, p. 229), says that many weak-looking girls owe the pain in the back, which they complain of as being worse in the morning, to sagging of the bed. He suggests a pillow under the spine.—(*Med. Times*), *Therapeutic Gazette*, July, 1881.

ELECTRICITY IN EAR DISEASES.—Dr. Woakes believes that muscular paralysis is a most important factor in the causation of deafness and its concomitant symptoms, in a very large proportion of those cases of the disease which occur in adult life. Electricity is not of invariable benefit, since aural affections, where the function of the Eustachian tube is interfered with, produce congestion of the middle ear, which the electric current aggravates. In cases where electricity is suitable, a very weak induced current, applied only once a week, is beneficial. Weber Liel's intra-tubal electrode is the most convenient instrument for galvanization of the tensor tympani muscle. The tensor-palati may be galvanized by means of a large laryngeal electrode, applied over the soft palate, in the course taken by the muscle on each side of the uvula, the circuit being completed by

placing the sponge-holder attached to the other pole over the mastoid process of that side corresponding to the side of the palate to which the laryngeal electrode is being used.—(*Brit. Med. Jour.*), *Cincinnati Lancet and Clinic*, Aug. 6, 1881.

FRENCH TREATMENT OF SCABIES.—Professor Fournier, in a recent lecture upon scabies, delivered before the students at the St. Louis Hospital, Paris, made the following remarks: "At present itch is cured in one hour and a half. The first half hour, the patient, absolutely naked, rubs himself from head to foot with soft soap. The second half hour he is put into a tepid bath, where he continues the soft soap frictions. The third half hour he rubs his body with Helmerich's sulpho-alkaline ointment. He then puts on his clothes, without washing off the ointment, so as to keep it in contact with the surface for twenty-four hours. While the patient is treating himself, his clothes are purified in a specially constructed stove, at a temperature of 120°, and exposed to sulphur vapor. Four thousand itch patients are treated at this hospital annually. The treatment is a rough one, and sometimes causes attacks of eczema. It may be mitigated thus: toilet soap is substituted for soft soap, and Hardy's modification of Helmerich's ointment used. Lard 100 parts; sulphur 16 parts; bicarbonate of potash 8 parts, by weight. The patient should have his sheets and under-linen changed immediately.—(*Gazette des Hôpitaux*), *London Specialist*, May, 1881.

A CAUTION TO SMOKERS. *Frauds in the Cigar Trade*. There is said to be very extensive frauds in the manufacture of so-called Havana cigars. The law of Spain forbids the importation of tobacco of any foreign growth into the Island of Cuba. This law, however, is evaded constantly. Pennsylvania tobacco, it is stated, is taken to Porto Rico, and from thence is smuggled into Cuba; the former island, in 1870, in consequence of its firm loyalty during the Cuban outbreak, having been especially exempted from the tobacco embargo. This heavy Pennsylvania tobacco is used as "fillers" for real Havana cigars.—(*The Druggist*, May, 1881.)

MOUTH WASH FOR TOBACCO CONSUMERS.—C. Graham, M. D., Chicago, writes: Bromo-chloralum, twenty to thirty drops, in a tablespoonful of water, forms an excellent deodorizing mouth wash where it becomes desirable to at once destroy the effect upon the breath of tobacco smoking or chewing. It acts like a charm—it being odorless itself, yet destroying instantly the after-effect of the weed upon the breath.

QUININE AMAUROSIS.—The characteristic features are: 1st, total blindness after taking a large quantity of quinine; 2d, pallor of the optic disks; 3d, marked diminution of the retinal blood vessels, in number, as well as in size; 4th, contraction of the field of vision. The total blindness is only temporary. Relapses seem to occur, and from comparatively insignificant doses. Horizontal position seems to be beneficial.—(*Knapp, Archives of Ophthalmol., June.*), *Maryland Med. Journal, August.*

EYE DISEASE IN COLLIERS.—Mr. Sykes, of Mexborough, has seen numerous cases of a peculiar form of blindness, affecting colliers. It begins with failure of the sight at dusk, and is chiefly manifested by great nystagmus, progressive blindness, and insensibility to light. When such patients give up their vocation, and take to open-air pursuits, complete cure, or, at the least, great improvement, follows.—(*Brit. Med. Jour.*), *Cincinnati Lancet and Clinic, Aug. 6, 1881.*

Miscellany.

PHYSICIAN'S SALARIES IN ANCIENT ROME.—One of the most profitable professions in Ancient Rome was the practice of medicine. The physician of the Emperor, during the first Empire, received a yearly salary of 250,000 sesterces (\$13,594). Even greater incomes were obtained in private practice, by physicians who had patients among the Roman aristocracy. They usually received a yearly salary from rich families, probably on January 1st, and besides this, were presented with large sums for single successful cures. Thus, the celebrated Galen received from a Consul in Palestine 400 gold pieces (\$2175) for the cure of his wife, who had been very sick. The Roman historian, Plinius, mentions two occasions in which an honorarium of 200,000 sesterces (\$100,000) had been promised in advance if the treatment of the patient should prove successful. According to this, it does not appear improbable that the celebrated physician, Stertinus, received yearly 600,000 sesterces (\$32,625) from his city practice alone, not counting his earnings in consultations by correspondence. Another celebrated physician, Crinas, left a fortune of ten millions of sesterces (\$54,3750) after spending during his lifetime a similar sum in buildings for the public good. These enormous incomes naturally enough induced many ignorant and unqualified persons to give up their trades and become physicians, especially as they were required to pass no examinations in those ancient times, and as the responsibilities of the physician were very limited. On the other hand, however, it happened, not infrequently, that physicians who did not succeed in performing cures became gladiators or grave diggers, or returned to their former occupations, as carpenters weavers, smiths, etc. etc.—*Int. Jour. Med. and Surg.*

If rumor be true, the envy of our nineteenth century physicians need not be excited by the pecuniary success of their antique confreres, since rumor has it

that the physicians of our day whom fortune favors receive even greater remuneration for their services than did their brethren of ancient Rome. Witness the recently reported fee of \$5000 received by Charcot, for a consultation. A similar sum was recently (within five years) paid to Sayre, of New York, for an operation for hip joint disease, in Pittsburgh, while according to his brother's report, Hammond, of New York, realizes \$80,000 a year from his practice. These cases are the exceptions to-day, as they were in the early times; but they are examples which may serve as incentives to young and ambitious physicians, who can rest assured that "*labor earns its own reward*," and that where such remunerative prices have been realized for services rendered, the services have been exceedingly great, and that the ability to render such services can only be acquired by hard work.—(EDITOR SPECIALIST.)

A LESSON TO DOCTORS.—The Supreme Court of Michigan has just passed upon a novel question, in a case that is fortunately rare in legal courts. It appears that a physician being summoned to attend a woman in confinement, took with him a person who was not a physician, to act as assistant in case of need. It happened that the services of the latter were called into requisition, and when subsequently it appeared that he was not a medical man, an action for damages was brought against the doctor by the patient. On the trial it was not claimed that the physician had represented his assistant to be a doctor, nor that either husband or wife had objected to his presence. In fact, both had consented. No lack of professional skill on the part of the doctor, nor misbehavior on the part of the assistant was charged. The simple complaint was that the physician had brought, as his aid, without disclosing his character, one who was not a professional man. The jury gave the plaintiff a verdict, and the case was appealed to the Supreme Court, to test the question of the physician's liability. The judgment for damages was promptly affirmed by that tribunal, which declared that "it would be shocking to our sense of right, justice and propriety, to doubt even that for such an act the law would afford an ample remedy. To the plaintiff, the occasion was a most sacred one, and no one had a right to intrude unless invited, or because of some real or pressing necessity, which it is not pretended existed in this case.—*Am. Med. Bi-Weekly, July 30, 1881.*

THE HIPPOCRATIC OATH.—The most curious medical monument of antiquity is the famous Hippocratic oath, the faithful observance of which secured good success in life, and general esteem. The oath is as follows:—

"I swear, by Apollo, the physician, by Æsculapius, by Hygeia and Panacea, and all the gods and goddesses, calling them to witness that I will fulfill religiously, according to the best of my power and judgment, the solemn promise and the written bond which I now do make. I will honor, as my parents, the master who has taught me this art, and endeavor to minister to all his necessities. I will consider his children as my own brothers, and will teach them my profession, should they express a desire to follow it, without remuneration or written bond. I will admit to my lessons, my discourses, and all my other

methods of teaching, my own sons, and those of my tutor, and those who have been inscribed as pupils and have taken the medical oath; but no one else. I will prescribe such a course of regimen as may be best suited to the condition of my patients, according to the best of my power and judgment, seeking to preserve them from anything that might prove injurious. No inducement shall ever lead me to administer poison, nor will I ever be the author of such advice: neither will I contribute to an abortion. I will maintain religiously the purity and integrity, both of my conduct and my art. I will not cut any one for the stone, but will leave that operation to those who cultivate it. Into whatever dwellings I may go, I will enter them with the sole view of succoring the sick, abstaining from all injurious views and corruption, especially from any immodest action towards women or men, freemen or slaves. If during my attendance, or even unprofessionally, in common life, I happen to see or hear of any circumstances which should not be revealed, I will consider them a profound secret, and observe on the subject a religious silence. May I, if I rigidly observe this, my oath, and do not break it, enjoy good success in life and in (the practice of) my art, and obtain general esteem forever. Should I transgress and become a perjurer, may remorse be my lot."—*Cincinnati Lancet and Clinic*, July 30, 1881.

ANOTHER ONE OF THE "LOST ARTS" FOR WENDELL PHILLIPS.—The physicians of to-day are not bound by *oath*, as they were twenty-four hundred years ago, to respect themselves and their patients. The physician of to-day is not required to take an *oath*; he is simply given authority to practice medicine. Would it not be a good idea for Provost Pepper, among the many improvements and advancements he has instituted in the University of Pennsylvania, to revive this lost art of Hippocratic origin, and to require the graduates of our oldest school of medicine to take an *oath* similar to this one, when they receive their degree. Every gentleman of good intention would be glad to do so, and those who would not might go to some inferior school.—[EDITOR SPECIALIST.]

SIR ISAAC NEWTON UPON THE VALUE OF SLEEP.—The following quaint letter from Sir Isaac Newton to a medical friend has only been recently published:—

LONDON, December 15, 1716.

DEAR DOCTOR:—He that in ye mine of knowledge deepest diggeth, hath, like every other miner, ye least breathing time; and must, sometimes at least, come to terr. alt. for air. In one of these respiratory intervals, I now sit down to write to you, my friend. You ask me how, with so much study, I manage to retene ye health. Ah, my dear Doctor, you have a better opinion of your lazy friend than he hath of himself. Morpheus is my best companion; without eight or nine hours of him your correspondent is not worth one scavenger's peruke. My practizes did at ye first hurt my stomach, but now I eat heartily enow as y' will see when I come down beside you. I have been much amused by ye singular *Φευγεῖν* resulting from bringing of a needle into contact with a piece of amber or resin fricated on silke clothe. Ye flame putteth me in mind of sheet lightning on a small—

how very small—scale. But I shall, in my epistles, abjure Philosophy, whereof, when I come down to Sakly, I'll give you enow. I began to scrawl at 5 mins from 9 of ye clk, and have in writing consumed 10 mns. My Ld. Somerset is announced.

Farewell, God bless you and help yr sincere friend.

(Signed)

ISSAC NEWTON.

To Dr. Law, Suffolk.

—*Louisville Med. News*, July 30, 1881.

"POW-WOW DOCTORS."—Few people appreciate the amount of superstition still rife in this enlightened country. We recently came across a description of a "pow-wow" Doctor, who resides not a hundred miles from Easton, Pa. We quote part of it, as we personally know it to be substantially correct:—

"The only schooling 'Doctor W.' ever received for the 'medical profession' he acquired by a long and varied experience as captain of a gravel boat and bank boss on the canal, from which he stepped to the arduous and responsible position he now fills, and in which he has met with such success as will well enable him to keep the wolf from his own door, at least, as long as he lives.

"To show to what an extent superstition still sways the minds of men, it may be stated that in these days of railroads and telegraphs, and of general enlightenment, the average monthly attendance of patients who call for the professional services of Dr. W. on the first Friday after new moon is *about* 300. Some months there are as many as 500, at other times smaller numbers. Many, with less faith in the moon's influence, but with a lingering notion that there may be some virtue in the Doctor's methods, go between times to his house, to consult him in reference to their ailments. Those who have been at his village on 'moon' days, say it is sometimes so crowded with vehicles of all kinds on those occasions, that 'one not to the manor born' would be apt to imagine that nothing less than a circus, a battalion, or some other equally important event had drawn together so many conveyances. Many go by rail, traveling, in some instances, we are assured, hundreds of miles to reach the place."—*Medical and Surgical Reporter*.

"I have long ceased to doubt," says Dr. Schrodt, "that, apart from the effects of wounds, the chances of health or disease are in our own hands; and, if people knew only half the facts pointing that way, they would feel *ashamed* to be sick, or to have sick children."—DR. FELIX L. OSWALD, in *Popular Science Monthly*.

—A doctor who had continued his visits on a wealthy lady for an inordinate time after convalescence had set in, was somewhat surprised one day, at being told by the servant that madame could not see him that day, as she was ill.—*Michigan Medical News*.

—It is related of Skoda, that, being summoned on one occasion to see the Empress, he was refused admission on account of his shabby coat. "If her majesty desires to see my coat," said he, "I will go home but if she desires to see me she will see me as I am." He was admitted.

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CLINICAL LECTURE,

BY DR. CARL SEILER.

Delivered to the Post-Graduate Class at the Throat Dispensary of the University Hospital.

GENTLEMEN:—In looking over the list of cases which are available this morning for demonstration, I notice several which are easy to examine, and at the same time very instructive, and I shall give you an opportunity to use the instruments and make the examination of the larynx and posterior nares yourselves.

Before I call in any of the patients, let me refresh your memory by giving you a few practical hints in regard to the handling of the different instruments used in laryngoscopy and rhinoscopy. First of all, see that the patient is in front of you, in an easy position, with the head slightly tilted backward, that the lamp is placed to the left and a little behind the patient, and that the flame is at about the same height as the patient's eyes. Then take your own position in front of the patient, with his knees between yours, and having placed the head mirror on your forehead, direct the reflection of the light upon the patient's mouth. It requires some practice to keep the disk of light steady, and if the head has been turned, to quickly bring the light back again in the desired direction. For this reason, it is best to assume an easy position for your head, and then direct the light upon the patient's mouth by turning the head mirror with your hands and secure it in that position. You will thus find it less difficult to keep the light upon the laryngeal mirror than if your head is in an uneasy position. Next tell the patient to open his mouth, and examine the different parts as they are brought into view. In using the tongue depressor, be careful not to use too much pressure, but rather allow the tongue to rise under it if inclined to. By keeping up a gentle, steady pressure with the instrument, the tongue will subside sooner than if you attempt to force it down. When the larynx is to be examined, you know we do not use the tongue depressor, but pull out the tongue with a towel or napkin, so as to raise the larynx as much as possible toward the fauces. Before introducing the laryngeal mirror, it should be warmed and its temperature tested on the back of the

hand, because it is not only cruel to burn the patient's palate with a mirror too hot, but also because he will most likely not submit to any further examination. The great point in laryngoscopy is to hold the mirror still, without trembling, while it is in the fauces; then little if any irritation is excited by it.

If you want to examine the posterior nares, depress the tongue to its lowest possible point, introduce a very small mirror, which has previously been warmed, into the pharyngeal cavity, and direct the light from the head mirror upon it, in such a way that it is reflected upward and forward, when either one or the other side of the post-nasal cavity will be plainly visible. You must not expect to obtain a complete rhinoscopic picture as you see it figured in books, because that is impossible except in cases of cleft palate. You will find that it is easier to obtain a good view of the left side of the nasal cavity when the mirror is held in the left hand, and the same is true when the right side is to be viewed, then the mirror should be held in the right hand.

In examining the laryngeal as well as the rhinoscopic image, do not attempt to take in everything with one glance, but examine one detail after another, even if you have to take out the mirror and re-introduce it a number of times; and it is well to follow out a plan of examination in every case. For instance, in the case of the larynx, first examine the condition of the epiglottis, whether swollen, red, ulcerated, or healthy; next observe the aryepiglottic folds in the same manner, and look in turn at the arytenoid cartilages, the ventricular bands, vocal cords, the trachea, the interarytenoid fold, and so forth; and if you have formed your opinion as to the condition of the different parts of the larynx separately, then view the laryngeal image as a whole, and you will obtain the general impression of the sum total, and will retain it much better in your memory than if you had viewed it as a whole only.

Now, let us call in a patient and see the practical demonstration of what I have told you just now. This young man, Frank F. by name, twenty years old, and a machinist by occupation, tells us, with a very nasal and at the same time hoarse voice, that he suffers from shortness of breath, cough.

hoarseness, expectoration of thick, ropy mucus, which is constantly flowing down the pharynx, and which he cannot dislodge easily. His appetite is not good, he has lost flesh, has slight fever in the evenings, and a great dryness of the mouth and throat, especially in the morning. As I remarked before, his voice is nasal, and he states that he has not been able to breathe through his nose for some time past. He also tells us that about a year ago he was struck with a base-ball, which broke his nose.

An inspection reveals the following conditions. The right nostril is completely obstructed by a deviation of the cartilaginous septum in its entire length. The left nostril is partially occluded by hypertrophic mucous membrane hanging from the middle and inferior turbinated bones. The pharynx is studded with enlarged follicles, and when the rhinoscopic mirror is introduced we notice a general hyperæmia of the mucous membrane of the post-nasal cavity and of the vault of the pharynx. There is no hypertrophy of the glandular tissue in the latter situation nor in the posterior nares. Here and there, however, we notice collections of grayish-white, thick mucus.

The laryngeal mirror shows us the mucous membrane of the larynx to be in a state of chronic congestion, and the vocal cords appear red, instead of pearly white, while there is a small abrasion in the interarytenoid fold.

This, gentlemen, is a very instructive case, for it gives you a very complete picture of hypertrophic nasal catarrh, with its pharyngeal and laryngeal complications. One symptom, however, is absent in this case, and it is one which is so commonly present that its absence is rather strange. I refer to the frontal headache, of which the patient does not complain. The nasal stenosis in this case is undoubtedly the primary cause of the secondary inflammation of the pharyngeal and laryngeal mucous membrane, because for a considerable time the patient has been breathing through his mouth alone, thus bringing the cold air, laden with dust, into direct contact with the laryngeal mucous membrane, and consequently irritating it until a chronic laryngitis and pharyngitis has supervened. The constant flow of thick mucus down from the posterior nares was also a factor in the production of this result.

The treatment in this case must consist in removing the obstruction in the nose, so that the cause of the laryngeal complication is done away with, when the latter will readily yield to mild astringent applications. I shall, therefore, make, first, several incisions with the galvano-cautery knife, into the hypertrophies of the left nostril, with a view to produce cicatricial contraction of the tissue, and when that is accomplished I shall endeavor to straighten out the cartilaginous septum by either cutting a triangular piece of cartilage out of it and forcing it into the normal position by wooden plugs introduced into the nostril, or by using a pair of forceps to crowd the plate into its normal position by main force, where it is then secured by filling the nostril with pledgets of cotton. It is needless to say that this operation has to be performed while the patient is under the influence of ether, and we will defer it to some future time. The battery being ready, we will proceed to cauterize the hypertrophies in the left nostril, and you see, by the behavior of the patient, that but very little pain is occasioned by the contact of the glowing platinum loop with the tissue, and no hemorrhage whatever. To prevent a general acute inflammation of the mucous membrane, which would produce a coryza, we will wash out the nostril with a spray of a mild alkaline solution, and then cover the wound with a powder composed of gum arabic, bismuth subnit. and a little morphia sulph., and tell the patient to report in a few days, when, if the eschar has disappeared which always follows burns of mucous membranes, we will repeat the operation. At the same time the inflammation of the mucous membrane should be treated with cleansing and mildly astringent solutions. We will, therefore, direct the patient to sniff "up into the nose several handfuls of salt and water" (one teaspoonful to the pint), night and morning, and we will throw a spray of a ten-grain solution of ferric alum into his nose. You may ask, why not give the patient a nasal douche to wash out the nose, instead of telling him to sniff up the salt and water? If you consider for a moment the state of affairs, viz., one nostril completely stenosed and the other partially so, you will find that the patient cannot possibly use the douche, because there is no second channel for the water to run

out. Even if there was but partial stenosis on both sides I would not advise the use of the douche, for the outflow being to a certain extent interfered with, the water is forced into the Eustachian tubes and may cause catarrh of the middle ear. I have no doubt that most cases which have been reported, in which the use of the nasal douche has led to evil consequences, have been cases of hypertrophic catarrh, or else the necessary precautions in the use of the douche were not closely observed by the patient. Remember, then, never advise the use of the douche in cases where there is hypertrophic tissue in the nose.

With a view to improve the patient's appetite, we will give him a mixture of compound tr. cinch. and comp., tr. gentianæ ʒj three times a day, before meals, and tell him to take exercise in the open air.

The next patient, John W., aged twenty-nine, a barber, has been under treatment for some time, and as it is very difficult and painful for him to speak, I will give you his symptoms from the book. When he first presented himself here for treatment, he complained of great difficulty in deglutition, complete loss of voice, exhausting cough, with thick, yellowish expectoration, general debility, loss of appetite, night sweats, and, strange to say, but little dyspnoea. His fauces being almost devoid of sensibility, some of you gentlemen may examine his larynx, while I describe the condition of parts when first seen. The mucous membrane of the palate and pharynx was of an ashy gray color, with a little injection on the free margin of the palate. The uvula appeared stiff and nodulated, the epiglottis red and swollen, with a glistening surface, as though the mucous membrane were distended with serous effusion, the aryepiglottic folds, and especially the arytenoid cartilages, very much swollen and reddened, the ventricular bands in the same condition, covering the vocal cords so that but a very narrow stripe of the latter could be seen during phonation. A large ulcer was noticed in the interarytenoid space, covered with gray muco-pus.

The diagnosis in a case like this is not at all difficult, and we need not examine the lungs to satisfy us that this is a case of phthisical laryngitis in an advanced stage. The only condition with which it might be confounded is syphilitic

laryngitis, but the want of active inflammation, as well as the small extent of the ulceration, when we consider the great amount of tumefaction, as well as the absence of any history or other manifestations of the disease, at once exclude the possibility of its being specific in its nature.

In regard to the treatment, we can expect to do but little else than to make the patient more comfortable by spraying the larynx with Dobell's solution, to which some morphia has been added, and to touch the ulcer with a solution of nitrate of silver (60 gr. to f. ʒj) by means of a camel's hair brush, with a view to healing it. Tonics, cod-liver oil, alcoholic stimulants, should be given by the mouth, and the skin of the back and chest should be anointed twice daily with sweet oil, while bathing whisky should be rubbed into the skin of the arms and legs. The man has had such treatment for about two weeks, and his general condition has improved, while his throat feels and looks a great deal better. He feels but little or no pain in swallowing, and his cough is considerably better.

The prognosis in this case is, of course, very bad, and as there are signs of rapid breaking down of the lung tissue, I do not believe the patient will live more than a month or so. But, even if so, we have the satisfaction of having made his last days at least comfortable.

This young girl, a sewing machine operator, comes to us with aphonia, as the only throat symptom. She complains of no symptom which might be produced by inflammation of the cords, and tells us that she lost her voice suddenly, while at work, a few days ago. Now, aphonia, or complete loss of voice, may be produced by a variety of causes, any one of which may be present in this case. In the first place, paralysis of the cords, or rather paralysis of some of the muscles moving the cords, will produce aphonia, and is, perhaps, the most common cause. Thus paralysis may be due to central irritation produced by lesions in the nerve centres, when there are usually other portions of the body affected in the same way; or it may be due to pressure upon the recurrent laryngeal nerve, or its source, the pneumogastric, by tumors, or aneurism of the aorta, or, finally, it may be peripheral in its origin, *i. e.*, a peripheral nervous irritation exists somewhere in the system,

usually in the uterus and its appendages, which by reflex action produces the paralysis of the cords. The paralysis is also frequently produced by structural changes in the muscles moving the cords, by inflammation. Aponia may also be due to mechanical obstruction, to the complete closure of the glottis by tumors or neoplasms growing on the cords, or projecting into the glottis; the accidental introduction of foreign bodies into the larynx, which prevent the vocal cords from approximating each other, or swelling of the cords themselves, from serous infiltration into the submucous tissue. Cicatricial contraction and adhesions following syphilitic ulceration may occasionally produce aponia, while the loss of voice in phthisical laryngitis is usually due to swelling of the tissue surrounding the arytenoid cartilages, which is so great as to prevent an approximation of the cords. In a few rare cases it is due to ankylosis of the crico-arytenoid articulation, which prevents a rotation of the arytenoid cartilage upon the cricoid, so that the vocal processes cannot come together.

We will now examine this case and see under what head of aponia it comes. The pillars, palate, tonsils, and pharyngeal mucous membrane are in a healthy condition. The laryngeal mirror, when introduced, shows nothing abnormal except a want of motion in the left vocal cord, which during the attempts at vocalization remains closely applied to the lateral wall of the larynx, while the left arytenoid cartilage moves toward its fellow, but does not rotate the vocal process toward the median line. We, therefore, at once conclude that this is a case of paralysis of the left posterior crico-arytenoid muscle. There being no evidences of acute or chronic inflammation of the laryngeal mucous membrane, and having a history pointing to hysteria, we conclude the cause of the paralysis to be of nervous origin. Careful auscultation and percussion fail to elicit any evidence of a tumor pressing upon the recurrent laryngeal or pneumogastric nerve, and as there are no other symptoms present which might point toward a lesion in the nervous centres, we will turn our attention toward peripheral irritation. On questioning the patient we find that there are signs of uterine disturbance sufficient to account for any amount of reflex nervous irritation elsewhere, and we shall, therefore,

send her to the dispensary for uterine disease, to be examined and treated. If, when the uterine trouble has subsided, the aponia still persists, as is very likely, a weak faradic current of electricity should be daily applied to the muscle at fault, by means of Makenzie's laryngeal electrode.

THE TREATMENT OF CANCER.

BY ALEXANDER MARSDEN, M.D., F.R.C.S. ED.,
Consulting Surgeon to the Royal Free Hospital; Senior Surgeon to the
Cancer Hospital, Brompton.

ORDER III.—EPITHELIAL CANCER.

Varieties.—1. Hard Epithelial. 2. Soft Epithelial. 3. Surface Epithelial. 4. Deep Epithelial. 5. Warty Epithelial. 6. Pedunculated Epithelial.

This order of cancer is very common, particularly in the male sex. Of 2010 persons who have come under my observation so afflicted, 1423 were males, 587 females. It is also most remarkable that, although a very large number of lip cases made up the former number, only a very few occurred among the latter. It is this form of cancer that is peculiarly amenable to the arsenical mucilage treatment.

Epithelial cancer attacks all parts of the body, but is most frequently seen on the lower lip, tongue, special organs, breast, arm, hand, etc. At its first appearance it rarely excites the alarm of the patient, and to an inexperienced person there is then nothing to be seen or felt, of a serious nature. It may commence (in the lip, for instance) as a small fissure, something like the cracked lip seen in winter, or as a small hard spot situated on the surface, and accompanied by soreness of the mucous membrane; sometimes it will be a tumor, deeply seated; sometimes it will project from the surface, in the form of a hard scab covering a sore; this latter is most usual in the lip. In the tongue, pain of a slight nature, or a feeling of stiffness of one side of the organ, generally first attracts attention; and this is followed by hardness, redness, and a pain of a lancinating character, but occasionally dull and continuous. Commencing in this way, the tongue becomes swollen and indurated to a great extent, occasionally so much so that the whole of it is involved before any ulceration takes place. It is by no means uncommon, however, for ulceration to form the commencement

of the disease, in which case it generally appears at the side, sometimes at the tip, rarely in the centre. The first appearance of epithelial cancer can almost always be traced to some exciting cause; of the tongue and lip, for instance, to the irritation caused by the tobacco-pipe or cigar, or to the contact of decayed, sharp-pointed and dirty teeth, to blows, etc. Hence I am of opinion that by attention to the teeth, and the avoidance of smoking, a person even having a tendency to epithelial cancer of the tongue or lip may, as a rule, delay the time of its first appearance, and perhaps escape it altogether.

I do not think it necessary to discuss the varieties of epithelial cancer separately. Perhaps, of all the forms it assumes, the warty is the most common. In many examples of this disease attacking the lip and other vascular situations, before ulceration, the part feels swollen, moderately hard, smooth, and shining; but, as Sir James Paget observes, "more often it is coarsely granulated, or tuberculated, or lowly warty, deriving this character usually from the enlarged and closely clustered papillæ. The surface is generally moist, with ichorous discharge, or covered with a scab, or with a soft material formed of detached epidermal scales. The firmness or hardness of the diseased part is various in degree in different instances; it is very seldom extreme; the part, however firm, is usually flexible and pliant, and feels moderately tense and resilient on pressure. Commonly, it is morbidly sensitive and the seat of increased afflux of blood. Its extent is, of course, various; but before ulceration the disease makes more progress in length and breadth than in depth; so that when, for example, it occupies the whole border of a lip, it may not exceed the third of an inch in thickness."

Sometimes epithelial cancers are seen in the form of a disk, two or three-eighths of an inch thick, surrounded by healthy tissues, half the thickness projecting above the surrounding skin or mucous membrane, the other half below, and generally more or less warty. They may also grow in the form of a cone, and are occasionally pendunculated.

ORDER IV.—MELANOTIC CANCER.

Surgeons and pathologists differ much respecting the distinctive character of the black cancer; some viz. Velpeau, Maissonneuve, Marsden, etc.) regard-

ing it as a distinct variety or order of carcinoma; others (viz. Paget, Bérard, Broca, etc.) holding that it is merely the medullary or scirrhus, with the presence of a black pigment deposited in and exuding from the tissues. Undoubtedly, from the surface of an ulcerated medullary or scirrhus cancer, a thick black discharge often takes place, continuing to do so as long as the disease lasts. The following is an example:—

Mrs. H—, aged 65, first consulted me in 1860. She had about two years previously noticed a small, hard tumor in the left breast, the size of a nut, accompanied by severe shooting pain. Dr. Bateman, who first saw it, pronounced it cancer, and recommended removal; to this she would not submit. The tumor increased in size and ulcerated. It was now that my father, the late Dr. Marsden, and myself, first saw her. It was a true scirrhus cancer, of the lardaceous variety. A fungous growth appeared through the opening, and, overlapping the breast on all sides, soon covered the entire gland. The whole mamma appeared as if it had been turned inside out; the diseased mass was about four inches in diameter, and projected from the surrounding parts about two inches. During the last six years of her life it continued to discharge copiously a thick, black matter, which no application would stop, although the carrot poultice and the chlorate of potash lotion checked it and cleansed the part for a time. I visited this lady for about six years, and was enabled to keep the cancer quite in abeyance, and till within a month of her death she was as well as when I first saw her; and, with the exception of occasional bleeding and the constant black discharge, suffered no great inconvenience. She died from old age and disease of the lungs.

In this case the cancer was concentrated in the breast alone, and remained there for years. But cases occur in which, the breast being the original seat of disease, ulceration has taken place in the axilla; the former situation presenting the ordinary appearance of cancer, the latter discharging copiously a thick pigmentary matter; and in other parts of the body similar appearances may be observed. On the other hand, cancerous plates, varying in diameter from one line to the size of a five-shilling piece, for the most part occupying the skin, and also small rounded tumors

occur, which, from the very commencement, are characterized by the presence in their structure of a black or blackish deposit—which peculiarity continues with them; and even should these plates or tumors be removed by caustic, or the knife, and others return in their place, or at distant parts of the body, the same black appearance will almost invariably be observed. Under these circumstances, I think we cannot but admit the melanotic cancer as a distinct variety, in which the presence of carbonaceous-like matter is seen, from the commencement to the termination of the disease; but we must also acknowledge the frequent appearance of it, at any period after ulceration has begun, in other forms of cancer.

ORDER V.—CYSTIC OR COLLOID.

Varieties.—1. Cystic, or colloid in combination with scirrhus or medullary cancer 2. Cystic, or colloid in combination with adenoids, etc., (not cancerous). 3. Colloid matter, or cysts alone (not cancerous).

In an examination of colloid tumors, it is necessary to divide them into three varieties:—1st. Those in which the colloid character is found united with the medullary cancer, or with the scirrhus, with which last, however, it is not very often seen. These indicate a form of cancer truly malignant, and much to be dreaded. 2d. Those tumors, harmless in themselves, adenoids, etc., in the centre or other parts of which the presence of colloid matter does not render them less harmless. 3d. Those which from the commencement are composed of colloid matter alone, and which must be regarded as non-malignant.

1. *Cystic or colloid in combination with scirrhus or medullary cancer.*—Its most common seat is the breast (but it may occur in any other part of the body), and once fully established, is most unmistakable, from its large size, the rapidity of its growth, and a peculiar elastic feel, indicating fluid confined. A scirrhus or medullary cancer, having for some time progressed in the ordinary manner, suddenly commences to enlarge rapidly; the skin becomes highly vascular, shining and tense. This change is caused by the presence in the tumor of one or many cysts, generally containing serum of a pale straw-color, sometimes tinged with blood and even pus, at others thick and jelly-like; it may be colorless, or of a green tinge, and is often quite

opaque. The breast may continue enlarging without ulceration until it attains the weight of twenty pounds or more, becoming, as may well be conceived, a most dreadful burden to the patient. Sooner or later, the cysts burst through the skin, and discharge in one, more frequently in many places, and an immense sloughing ulcer is the result.

2 and 3. These varieties are rarely curable without operation; they are generally very slow in their progress, and often remain for years without causing inconvenience, except from their size and situation. Their removal is mostly an easy business and an effectual cure.

LUPUS, OR RODENT ULCER.

Varieties.—1. *Lupus exedens.* 2. *Lupus non-exedens.*

1. *Lupus exedens*, called also herpes exedens, rodent ulcer, and noli me tangere. This is a disease almost as terrible as cancer, and equally malignant; its most frequent seat is the face, near or upon the alæ of the nose. Lupus is generally regarded as a skin disease; but this variety of it, although perhaps confined to the skin at first, afterwards attacks the deep-seated structures. The end of the nose, or some part of the face, first swells, with a bright red, shining appearance; tuberculated points soon appear projecting from the surface, presenting even a more highly inflamed appearance than the previous swelling. The disease may remain in this condition for a long period, sometimes better, sometimes worse, the patient not being fully aware of the really awful nature of the complaint. But the surgeon well knows that sooner or later the disease will assume an activity terrible to contemplate. Active ulceration commences, and from this time, unless arrested by treatment, all the adjacent structures yield to its destroying influence.

2. *Lupus non exedens*, called also herpes. This variety is a severe form of skin disease; it particularly attacks scrofulous children and delicate persons in after-life. It commences by the appearance of one or more shining red tubercles; others soon follow; these coalesce and ulcerate, spreading over the surface of the face, one part healing while another is being attacked; and should the disease not be arrested, most dreadful deformity is caused by the cicatrices and pucker-

ings produced by the constant ulceration and repair going on. It is a disease very difficult to cure.

NON-MALIGNANT TUMORS, ETC., THAT MAY BE
MISTAKEN FOR CANCER.

1. Keloids. 2. Fibroids. 3. Adenoids. 4. Osteoids. 5. Simple Hypertrophy. 6. Hæmatic Tumors. 7. Abscesses. 8. Fatty Tumors.

1. *Keloids*.—These tumors, although decidedly non-cancerous, are very tedious and difficult to cure. They partake more of the character of fibrous tumors, and seem to fill up the gap between them and true scirrhus cancer. They are usually found in cicatrices, particularly those of burns, but may be seen in parts otherwise perfectly healthy and uninjured. As a primary disease, they first appear in the form of a small wart or hard plate, situated in the skin; they give rise to no pain, and their mode of growth is very variable, sometimes remaining stationary for years, and sometimes growing rapidly. They do not, however, usually attain any great size, unless injudiciously interfered with. When their seat is an old cicatrix, it appears as though the tissue became gradually more and more indurated, forming a tumor projecting from the surface. These tumors have no tendency to become deep-seated. When cut through with the knife, they will be found almost dry, crisping under the scalpel, like scirrhus, but no cancerous or other juice exuding from them. These keloids return with the greatest obstinacy after removal, but always in the same situation; they do not appear in any way to affect the glandular system or general health, and the adjacent tissues are in a perfectly normal condition. It will, therefore, be evident that they do not, except under peculiar circumstances, endanger life, and are principally objectionable on account of the deformity they cause.

2. *Fibroids*.—The most marked clinical distinction between a scirrhus cancer and a fibrous tumor, the variety of cancer which the latter most resembles, is found in the difference of the mode of connection with the healthy tissues that subsist between them. The cancer invariably attracts towards it the surrounding tissues, as if it absorbed them into its own substance, thereby producing an evident diminution of their normal amount, as well as a change in their character; for, together

with the actual subtraction by conversion into scirrhus, the remainder of tissue in the part involved is visibly altered, being likewise in process of subtraction. This last is revealed by the adhesion of the most proximate elements to the tumor, and the consequent impossibility of moving the tumor without also moving this portion of tissue, and *vice versa*, it being obvious that besides this movement *en masse*, the result of the adhesion, there is a diminution of freedom of movement, the result of the "substitution," as Lebert names it. The *fibroma*, on the contrary, does not absorb the normal tissues into its structure, and although connected with the neighboring parts at one or more points, is not fused with them all round, as in the case of cancer. It follows, therefore, that there is no diminution of freedom of movement, nor do the tumor and surrounding tissues necessarily move *en masse*.

Fibrous tumors have usually a regular contour, more or less approaching the oval or round, and are smooth on the surface. They grow in almost all parts of the body, but are most frequent in the uterus and breast, and in the nasal and orbital cavities. They are subject to various modes of degeneration when not removed, sometimes softening by what is said to be a transition from fibrous to mucous constituents, and sometimes hardening by deposition of calcareous materials in their structure. The result, in either case, may be ulceration of the superficial or surrounding parts. When removed they do not usually return, although cases are not unfrequent of persons having more than one fibrous tumor of contemporary growth in different situations, and of successors to those that may have been formerly extirpated.

3. *Adenoids*.—So named by Velpeau. These are a class of tumors quite distinct and differing essentially from all cancers, as well as from simple hypertrophy of the breast, or enlargement, the result of inflammation. An adenoid will be recognized by the following peculiarities, viz., a tumor having a firm but elastic feel, the surface not perfectly smooth, but with roundish projections from various parts of it, and being, as the name implies, gland-like. It will be found to move freely among the tissues in which it is buried, in no way drawing them along with it,

and being, as it were, a perfectly isolated body. Should it attain any great size and approach the skin, this membrane will not become involved with it, as in cancer, but simply thins and gives way before it. Thus adenoids can readily be diagnosed from cancer, as these, when movable, always drag the surrounding parts with them; moreover, they do not in any way implicate the surrounding tissues, but merely increase in the midst of them. Their isolated character and free mobility will always distinguish them from simple hypertrophy of the breast, or induration of the lactiferous ducts.

4. *Osteoid Tumors*.—The extreme hardness of such growths is the circumstance most likely to lead to their not being mistaken for scirrhus cancer, but their situation, and the distinctness of the outline between them and the surrounding tissues, will usually serve to distinguish them. They occur principally in close connection with bone, as outshoots from or concretions deposited in them; and it is possible for the finger to detect their margin in a much more precise manner than with a cancer, which, although equally hard, perhaps, when grasped *en masse*, cannot be traced to its edges so accurately, in consequence of their blending insensibly into the neighboring tissues. This, of course, does not apply to osteoid cancer, which appears to be a transformation of some of the other forms of cancer into a substance more or less resembling bone by the deposition of calcareous matter. It is a rare form of the disease, and usually occurs in the ends of the long bones, as in the femur and humerus.

Osteoid tumors are very rarely met with in the breast, and when they do occur it is usually in very old people, whose tissues are in progress of calcareous degeneration. In such cases the tumor is rather a calcareous concretion than a true bony growth. I removed, a few weeks ago, from the breast of a healthy female, aged 47 years, a bony tumor that in this respect was highly remarkable. It occupied the centre of the breast, was fully as large as a man's fist, and felt densely hard before removal. It had been growing for three or four years, but did not cause pain or inconvenience until it attained some size, when its great weight became a source of constant discomfort. The centre of the mass, on section, was dense and ivory-

like, and less hard towards the outside, where there were attached at different points pieces of well-developed cartilage. It appeared to be a true bony formation, as the microscopic canals distributed throughout were quite manifest.

5. *Simple Hypertrophy* of the breast, partial, or of the entire gland, occurs from various causes, and although there is no difficulty in distinguishing it from the adenoids, yet much may be experienced in deciding between it and the medullary or scirrhus cancer, particularly at an early stage. The following signs of distinction may be found useful: Scirrhus is a dry, hard, and not very elastic tumor; hypertrophy feels humid and elastic, although pretty firm; sharp lancinating pains almost always accompany scirrhus, but are wanting in hypertrophy; as the former advances, the skin becomes hardened, or indurated bands appear; in the latter this is not the case. Between medullary cancer and simple hypertrophy many singular analogies exist.

6. *Hæmatic Tumors* may be confounded with medullary or melanotic cancer, but are not likely to be so with scirrhus. They are known by the absence of much pain, by their being less soft than medullary cancer, less hard than scirrhus. The system generally is but little affected by their presence; and in cases of old standing—for they may remain for years, and attain the size of a child's head—the neighboring glandular structure remains perfectly healthy. Surgeons of the highest standing have, however, been mistaken, and taken these tumors for true cancer. When removed, they do not return.

7. *Abscesses*, under certain circumstances, may strongly resemble colloid or medullary cancer, and *vice versa*; for these cancers may, at one or more points, so distinctly fluctuate under the finger as to be mistaken for abscess. It is, therefore, desirable, when great uncertainty exists, to make an exploratory puncture with a needle. I believe, however, that a surgeon who has had sufficient opportunity of observing the course and progress of medullary cancer will seldom be mistaken in his diagnosis. The previous history of the case must be considered, the cause which produced it be sought for, and the manner of its development traced; these, with the condition of the patient's health and of the surrounding parts.

will for the most part form a basis on which to found a correct opinion.

8. *Lipomata, or Fatty Tumors*.—These are more likely to be mistaken for abscesses or cysts than for any variety of cancer. They are destitute of all the characters of the latter disease, except that occasionally, from proximity to nerves, or from other incidental causes, they may be the seat of considerable pain. They are rare in any situation, except as outgrowths from the subcutaneous adipose tissues; but may appear on any part of the surface of the body, although the shoulder or back, about the scapula, and the sides and hips, are their ordinary localities. They have no definite shape, and are uniformly soft—a character which distinguishes them from abscesses and cysts as much as the absence of fluctuation. They are perfectly harmless, and need to be removed only when they cause pain, or produce inconvenience from their size.—*London Specialist*.

THE DIAGNOSTIC IMPORTANCE OF ODORS.—In a recent lecture Dr. Julius Althaus, of London, says:—

I must say a few words on the diagnostic importance of certain smells in the sick room, which was formerly much insisted upon; indeed, whole treatises have been written on the recognition of disease by sniffing. Dr. Heim, who was the popular physician of the day at Berlin some fifty years ago, recognized measles, scarlet fever, and smallpox by their peculiar smell on first entering a house, and before having seen the patient. Mr. Bernard, of Upton Park, has recently recorded in the *Lancet* two cases of smallpox in which the patients themselves perceived a dreadful smell, apparently just at the moment of being exposed to contagion; and one of them, when suffering from the eruption, said that his perspiration had the same smell as that which made him sick before. When attending Skoda's clinique in Vienna, twenty-five years ago, I noticed that this celebrated teacher was in the habit of sniffing when approaching the bedside of patients suffering from the last stages of pneumonia, phthisis, typhoid fever, etc., and he would give a bad prognosis when he perceived what he called the "cadaverous smell." Mr. Crompton, of Birmingham, has noticed a peculiar earthy smell from the body, a week or a fortnight before death, which, he says, has never deceived him; an appropriate illustration of the saying, "Earth to earth." Dr. Begbie distinguished typhus and typhoid fevers by the sanguineous (others call it "mousy") smell of the

former. Prof. Parkes has noticed a peculiar odor in the skin of cholera patients. A pungent smell in the chamber of a lying-in woman shows that lacteal secretion is well established, while an ammoniacal smell has been said to indicate the approach of puerperal fever. Many women emit a peculiar odor while menstruating, which resembles a mixture of blood and chloroform, and this is believed to arise, not so much from the discharge, as from the more pungent character of the sweat secreted in the axilla. Persons of costive habits have a fecal smell; and this is also often noticed in hypochondriacs and lunatics. In uræmia, whether owing to kidney disease or to severe retention of the urine, a urinous odor is emitted by the body, and the presence of pus in some part of the body has been recognized by a peculiar warm, milky smell of the patient.

Apart from the odor of the sick room and the body generally, the smell of the sputa, urine, fæces, sweat, ulcers, etc., was carefully noted by the older practitioners and utilized for prognosis and treatment. Unquestionably there was much that was fanciful in such ideas; but occupied as we are at present with the study of more precise and definite symptoms, we have perhaps gone to the other extreme in neglecting such signs altogether. Everybody has his own special odor, and this varies according to the circumstances of life, the food taken, and the state of health in which he happens to be. That it should be altered in disease, and that special diseases should have special odors, is only what one would expect; yet the increase of cleanliness and ventilation has no doubt done away with a large variety of smells which formerly used to assail the nostrils of the physician.—*Mich. Med. News*.

GYNOCARDIC ACID IN THE TREATMENT OF SKIN DISEASES.—Mr. Wyndham Cottle, F.R.C.S., England, after a successful experience with chaulmoogra oil in eczema, lupus, etc., experimented with gynocardic acid, which he assumes to be its active principle. The following is his summary of its effects; When given internally it appears to be assimilated and rarely produces nausea, differing in this respect from the oil. Improved nutrition commonly follows the use of either. It is especially beneficial in diseases depending on malnutrition. Rheumatism, gout, and some forms of syphilis are sometimes improved rapidly during the use of the oil. The acid, unlike the oil, can be used in the form of pills. About three grains of the acid may be given daily, internally; and for external use fifteen to twenty-five grains to the ounce of vaseline (cosmoline or petrolina, etc.), may be employed.—*Brit. Med. Jour., Louisville Med. News*.

The American Specialist.

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PRESLEY BLAKISTON,

1012 Walnut Street, Philadelphia.

PHILADELPHIA, OCTOBER 1, 1881.

MEDICAL STUDENTS.

When this number of the SPECIALIST appears, hundreds of medical students from all parts of the world will be congregating in this city, the oldest medical centre of the United States, some to commence and others to continue their medical studies. It seems to us appropriate to address a few words of advice to the young gentlemen who will this fall commence the study of the greatest of professions. Of their own free wills they have chosen a pursuit full of the gravest responsibilities. So great and so serious, indeed, are these responsibilities, that were they properly comprehended beforehand, but few would have the courage to enter upon the study of this profession. Yet such should not be the case. No matter what responsibilities may be placed upon a man in this world, if he meets them to the best of his ability he has fully performed his duty, and no one can do more. But in order that he may meet the responsibilities of the future and do his best, it is absolutely essential that he should properly prepare himself. To prepare himself properly it is essential that he should go about his work in a systematic manner. The time passed in college, the period occupied in listening to lectures, reading text books, and performing the clinical work pertaining to a college education, is to the physician's after education what the foundation of a

house is to the superstructure. The professors of a medical college are the architects of this foundation. Their experienced minds have drawn plans, which, if accurately followed, will cause the medical mental foundation of the students to be securely and firmly laid, capable of sustaining any amount of accumulation of knowledge in after years. Should the architect of a building prepare his plans with the greatest good judgment and care, and the masons perform their work carelessly and imperfectly, the resultant foundation will be so weak and so insecure that it will be impossible to erect upon it a massive and substantial building, even though the best of material may be at hand and the plans for the building may be perfect. The foundation being imperfectly prepared, will not be strong and thorough enough to support the proposed building, and the only way out of the dilemma will be to undo what has been poorly done, and starting again at the beginning, to build a substantial foundation, by which much valuable time will be wasted. The case is identical with the medical student. If, during his college days, he prepares a sound foundation, he will possess the mental groundwork upon which, in after years, he can erect a massive mint of medical knowledge, a mint in which he can coin not only reputation of the highest order, but money as well. If he has not this thorough intimacy with the principles of his profession when he leaves college, one of two things will inevitably result. 1st. He will always remain in the ranks, never rising to the dignity of a commissioned officer in his profession, because, no matter how brilliant or able he may be, no matter how hard he may work, no matter how great may be the opportunities offered to him, he will forever after be confronted and interfered with by the poor foundation he has laid, by the want of intimate knowledge of the fundamental doctrines and principles of his profession. For instance, suppose you neglect the study of anatomy. Your comprehension of

surgery and your ability in physical diagnosis will ever after be limited, since for success in either an intimate knowledge of anatomy is necessary. 2d. After some years have passed and the wild oats of youth, sown thoughtlessly during your college days, have brought you a large crop of experience, you commence to think and reflect; from a wild boy, you have become transformed into a thoughtful man. This contemplation soon makes painfully evident to you the dismal fact that you are not a thorough physician. You will realize that your knowledge of the fundamental medical principles is very incomplete, and if ambitious, the painful truth dawns upon you, that, owing to your own foolishness, owing to your wasted opportunities, you are doomed to occupy a very ordinary position in your profession, while the position of a Hunter, of a Gross, an Agnew, or a Pepper, is forever denied to you. You finally accept what you consider to be the inevitable, and settle down to the drudgery of an ordinary mediocre routine doctor, and after passing many years of labor, you die without having achieved either fame or fortune. This will occur, no matter how able you may be naturally. This is the history in brief of the very large majority of physicians who neglect to thoroughly prepare themselves, when at college, for the future study and investigation of their lives. This is, no doubt, in part due to the unfortunate fact that young men of any age can commence the study of medicine, and that the majority of medical students have not reached the age of reason. Bible commentators tell us that the instance of the repentance of the dying thief on the Cross has been given in order to show us that deathbed repentance is possible, thus preventing the lifelong sinner from despairing of the possibility of forgiveness and dying in his sins. But they also tell us that this is the only instance of eleventh-hour repentance and forgiveness recorded in the Bible, from which they infer that while *possible*, such repentance is *very*,

very improbable. A parallel case exists in medical history. While what I have pictured to you will surely be the experience of the large majority of physicians who, as students, have neglected to thoroughly master the first principles of their profession, yet we have some exceptions to this dismal rule, which serve as beacons of hope and encouragement to the thoughtful man who has been a wild and thoughtless youth. The brightest of these hopeful lights is found in the life of John Hunter, whom Professor Gross styles the "*Father of Scientific Surgery*." As a boy and young man, he was, though not dissipated, yet careless, wild and thoughtless. Study was irksome to him. He was lazy. Reaching mature years, he realized the errors of his youth, and by dint of constant and herculean labor he rose rapidly in the ranks of his profession, and finally passed away, leaving behind him a name and a record which will, to the end of time, rank him among the greatest men who have lived. Such cases, I say, are rare, very rare, and should serve, not so much as a guide for all, but as an incentive to those who have foolishly wasted their early opportunities and realize their mistake when they come to mental maturity. Again, such a recovery of lost opportunities can be effected in only one way, namely, by commencing all over again, as in the case of the imperfect foundation for the house, and such a course must surely entail the loss or the consumption of much time, which fact alone will prevent all, except such as are endowed with remarkable moral courage and ambition, from adopting it. Having demonstrated the necessity of this thorough preliminary education, let us now see how you can best procure it. In the first place, let us ask where can you best procure it. We venture to say that no institution in the world to-day is better prepared to thoroughly educate students in the fundamental doctrines of medicine, than the medical department of the University of Pennsylvania. The strides of progress which have been made in this institution in the last decade are simply won.

derful. Ten years ago the medical course covered a period of only five months. There were seven professorships, and the only practical work the students were required to perform was in the dissecting room. A student matriculated and paid his five dollars, he bought tickets from the various professors, for their lectures, paid for them, and here his obligations ended. He might attend the lectures or not, as he chose; he might study or not, as he chose; there was practically no compulsion about either. After having bought two sets of tickets from each professor, and entering his name for two courses, he prepared, or had some one prepare for him, an essay, and he announced himself as a candidate for examination. He was subjected, generally, to a very easy and very superficial examination, and in the large, very large majority of cases, received the votes of a sufficient number of the faculty, and in a few days received his degree of Doctor of Medicine. We have known some men to graduate who had never seen the inside of a dissecting room, and who had not attended one-half of the lectures which had been delivered during the time they were *supposed* to be students; who had never opened a text book, and whose entire medical education had been derived during three months' *cramming* from a compendium. Such was the preparation of our doctors ten years ago. How different it is to-day, in the University, it is unnecessary to tell the students; they know for themselves. How often have we heard the earnest student of our day long for just such opportunities as are afforded to the students of to-day, but they were denied to them. Our only clinical opportunities in those days consisted of semi-weekly visits to either the Pennsylvania or Philadelphia Hospitals, where, ranged in seats around the amphitheatre, we listened for an hour to the description of cases, illustrated by patients lying on a bed in the centre of the room. Our opportunities for percussion, auscultation, or the practical diagnosis of disease in any shape, were

absolutely nil. Bedside instruction was one of the lost arts. To the students who only remained in the city during the winter session it was absolutely unknown. Occasionally, during the spring, when Drs. Pepper, Tyson, Ludlow, or Brinton would enter the lecture room of the Philadelphia Hospital and find only eight or ten of us students there assembled, they would take us into the wards and to the bedsides of patients, and there allow each of us to examine the case and make a diagnosis. But such opportunities were like oases in the desert of clinical instruction; like angels' visits, *very* few and *very* far between. As a result of this dearth of clinical instruction, even our best students, men thoroughly educated, *theoretically*, in medicine, were, after graduation, as children; they had no *practical* acquaintance with medicine, and unless their collegiate education was supplemented by a term of residence in a hospital they were totally unfit to practice medicine. How this state of affairs has been altered, all of you who enjoy and appreciate the extended facilities for clinical study now afforded can understand. How can this thorough preliminary education be procured? This problem has been solved by the faculty. They prescribe a certain course of studies, which, if faithfully carried out, will result in a firm and solid foundation. But the students must co-operate with their teachers. Their professors tell them how to study, but they must do their part, or the labors of their professors will be useless. Method is necessary, in everything, to secure success, but more particularly is this true of the study of medicine. You must be methodical, else you will accomplish but little. Let me suggest to you a methodical course of study, which, if faithfully carried out, must result in the acquirement of a thorough, intimate and retentive knowledge of the principles of your profession. To impress it on your memory, let me illustrate. Suppose, to-day, Professor Leidy, has been lecturing to you upon the Femur. When you go home, sit

down to your Gray's Anatomy and read and study, and do not close the book until you have committed to memory every word that Gray has written about the femur. Then, if you have a studious room-mate who has been doing the same, examine one the other on this bone, and do not consider your task completed until each of you know as much about this particular bone as Gray himself did. Do this each evening, with each subject upon which you have heard lectures during the day. After attending clinics, go home and carefully study all about the various cases that have been presented to you, and examine your room-mate upon them, and let him do the same to you. This private quiz will cost less and benefit you more than the public ones. Never leave a subject until you have committed to memory and thoroughly digested all that your text-books can tell you about it. Take advantage of all the opportunities for clinical instruction which your college course affords you. Combine the theoretical knowledge derived from careful study of your text-books with the clinical knowledge to be derived from bedside instruction. The University has for its Chief Executive officer a gentleman who thoroughly comprehends the short comings of the old method of medical education, and who is determined to rapidly remedy them. He will not rest until he has placed American Medical education on the highest pinnacle of possibilities. If you attend to my few suggestions, and follow the course which he and his professors have mapped out for you, you will, at the termination of your collegiate studies, leave your alma mater, thoroughly educated physicians, capable of standing alone and of pursuing your studies and investigations independently, and of building on a sound foundation; if you do not, you will be only half a doctor, and an everlasting drag on your noble profession.

—Professor Agnew will deliver the Introductory to the Medical Course, in the University of Pennsylvania, on Monday, October 3.

Selections and Abstracts.

SYPHILITIC ALOPECIA.—Alopecia of syphilitic origin is common, but it is the subject of many widespread errors to which M. Fournier has called attention in one of his lectures. A very general idea is, that this form of alopecia will always make its appearance in the advanced stage of syphilis. Frequently, indeed, a man is seen to become bald toward the fortieth or fiftieth year of his age, and is accused of having had syphilis fifteen or twenty years before. Really nothing can be more out of the way than this manner of looking at things. Syphilitic alopecia is, on the contrary, a secondary, a precocious manifestation of the disease. Alopecia makes its appearance in several months, or in the first year of syphilis. If its advent is later, it is due indirectly to syphilis, for then it is the result of ulceration of the scalp, or can even be owing to a tardy cachexia.

True syphilitic alopecia may exist under two different conditions, either the specific eruptions extend to the scalp and thus bring about the fall of hair, which is exceptional; or, which is more frequently the case, patients see their hair falling out without the least lesion of the scalp, and without being able to give a certain interpretation of these facts. It is not always easy to tell why certain cases of syphilis bring about, more than others, the fall of the hair; this accident is met with in all forms of syphilis, the benign as well as the malignant. Generally speaking, there are certain cases which, more frequently than others, cause the fall of the hair, and they are such cases as are from the start complicated with anæmia, debility, bad condition, and bad nutrition.

Syphilitic alopecia presents certain peculiar characters. It occurs without the patient experiencing any sensation aside from the fall of the hair. It is not systematic and has no special seat. The hair falls indifferently at all points. However, it may be seen under two aspects a little different—sometimes the hair is shed in a manner almost regular; again, it falls off in patches, when it is termed alopecia areata. In the majority of cases the two forms are associated together.

This alopecia may be seen of three different degrees of severity. The extreme form, in which the greater part of the hair is lost, is, however, very rare. The cases in which all the hair is lost are exceptional. M. Fournier has only seen two cases of this kind; in one of the two, one could easily count the number of hairs that stood isolated upon the head; moreover, in the severe cases syphilis acts

upon all the hair, and what remains upon the head is manifestly altered in its nutrition.

Syphilitic alopecia possesses another characteristic frequently overlooked, and that is, that it is always temporary. It lasts some months, a year or more, when all the hair sprouts up again, even in cases in which the scalp had been entirely denuded. In the case observed by M. Fournier and cited above, the hair was reproduced very beautiful and thick. So this accident which affects so many patients is of no particular gravity, time and treatment always bringing about a cure.

In certain cases syphilitic alopecia destroys the beard, the eyebrow, and all hair-covered portions of the body. Alopecia of the eyebrow is a symptom which should at once put the physician upon the trail of diagnosing syphilis. It acts precisely as it does upon the head, that is, that sometimes it renders the eyebrow thin, sometimes removes the hair completely, to a greater or less extent. When the eyebrow is discovered broken by a bald line, this single symptom is almost pathognomonic of syphilis. For the baldness, which often attacks the brow, proceeds differently and denudes entirely the superciliary region.

The therapeutic indications to carry out are extremely limited, although it is customary to use all local remedies. These means, indeed, are superfluous, and can only act by stimulating a little the growth of the hair, which commences always at a certain time. The only real remedy is the mercurial treatment; but it should be remembered that the prejudice which attributes the loss of hair to the use of mercury, is one of the most difficult to combat. That idea has existed for four centuries. Fracastor has already combated this erroneous idea, and now the demonstration of its fallacy can easily be made, for it is by thousands that the number of syphilitic cases can be counted, which have lost the hair without ever having taken mercury, while the patients whose hair grow out while under mercurial treatment are not less numerous.—*Journal de Médecine et de Chirurgie. Nashville Journal of Medicine and Surgery.*

INTESTINAL OBSTRUCTION BY WINE BOTTLE.—The patient, having seat worms, was in the habit of introducing butter into the rectum to destroy them. One day, to push the butter further, he laid it on a piece of paper on the mouth of a hock bottle, and then sitting on this gradually introduced the bottle (which tapered from its base to its mouth), entirely within the rectum. Unsuccessful attempts were made to withdraw it. The mouth of the bottle could be detected on the left side of the abdomen, near the

short ribs. An incision, under chloroform, made backward, between the coccyx and tuber ischii, allowed more room, but still there was no success, although all sorts of forceps, cords, etc., were tried. Next day, the symptoms being urgent, the abdominal wall was cut through in the left linea semi-lunaris, the bowel opened in the descending colon, and the bottle drawn out. The wound in the bowel was closed by a continuous catgut suture, and the patient rallied well at first, but sank and died next day.—*London Letter in American Practitioner. Maryland Med. Journal.*

HYPODERMIC INJECTION OF PEPTONATE OF MERCURY.—Dr. Martineau, finding that the albuminate of Bamberger often causes local troubles, advises the following injection:—

Peptone,		
Mercury bichloride,	āā	gr. $\frac{1}{12}$; 0.005 gm.
Distilled water,		℥ xv; 1.00 "

This hypodermic medication is to be preferred to medication by the stomach, (1) because its action is more certain and definite; (2) because it does not derange the digestive organs; (3) because the exact quantity taken into the system is known.—*Le Prog. Méd.; Trans. by L. S. O. Louisville Med. News.*

RELATIONS OF SYPHILIS TO RENAL DISEASE.—E. Wagner (*Deutsches Arch. f. Klin. Med.* xxviii. s. 94) says, that out of sixty-three cases which might with great probability be attributed to syphilis, he found acute Bright's disease eight times; chronic parenchymatous nephritis four times; granular kidney seven times; atrophy of one kidney six times, with compensative hypertrophy or amyloid degeneration of the other; amyloid degeneration thirty-five times, and renal syphilis three times.—*British Med. Jour. Canadian Jour. of Med. and Sci.*

QUININE AMAUROSIS.—The characteristic features are: 1st. Total blindness after taking a large quantity of quinine; 2d. Pallor of the optic disks; 3d. Marked diminution of the retinal blood-vessels, in number as well as in size; 4th. Contraction of the field of vision.

The total blindness is only temporary. Relapses seem to occur and from comparatively insignificant doses. Horizontal position seems to be beneficial.—*Knapp, Archives of Ophthalmol., June. Maryland Med. Jour.*

CAUTERIZATION OF THE EAR FOR SCIATICA.—A number of cases are collected in *Schmidt's Jahrbucher (Med. and Surg. Rep.)*, where cauterization

of the helix of the ear was promptly curative in sciatica of peripheral origin, Vienna paste being used for the purpose.—*Kansas Med. Index.*

DR. DESPRES has recently reported two cases of the communication of syphilis by the use of the razor.—*Rocky Mountain Med. Rev.*

Miscellany.

PAS ENCORE!—Prof. Depaul, giving an account to his class of the magnificent obstetrical clinic (constructed at the moderate cost of 12,000 fr. per bed), and stating that an amphitheatre had been provided in which remarks might be made that it would not be proper to make at the bedside, observed that it reminded him of some words which, to his infinite regret, had once escaped him when examining a poor woman, who to all appearance had succumbed to a uterine hemorrhage. Turning to the persons who surrounded him he said: "This woman is dead." But to his great stupefaction the patient replied, in a feeble voice, "*Pas encore!*" So little dead, indeed, was the poor woman, in spite of all appearances, that in three weeks she left the clinic perfectly well. This "*pas encore*" corresponds pretty well to what occurred to Récamier one day when he was called by a colleague to see a man the subject of typhoid fever. Récamier complained of having been called to the case too late, saying that the patient apparently could not survive the night. The latter, on hearing him, emitted a certain noise from the lower passages, accompanying it with the words, "*Qui crepilot vivit!*" and, in fact, not only did he not die of the typhoid fever, but is alive at the present time.—*Gaz. des Hôpitaux.*

—Cardinal Manning and the Lord Chief Justice of England are active opponents of vivisection, which reminds us that a great many smart people are fools when it comes to medical science.—*Miss. Valley Med. Monthly.*

[It is hardly in good taste to apply the epithet *fool* to a man because his views differ from ours, no matter how strong may be our reasons for entertaining the views we hold. Still more improper is it to apply the word to such gentlemen as Cardinal Manning and the Lord Chief Justice. Use every argument in your power to convert opponents to your belief, Mr. Editor, but do not call men fools because they honestly differ with you. Be a little more temperate in your language.—ED. SPECIALIST.]

MEDICINE AND FICTION.—The *British Medical Journal* calls attention to a recent French novel of which a hospital interne is the hero. M. Jules Claretie's work is entitled *Les Amours d'un Interne*. The hero is deeply attached to a young lady who has become a ward-maid in *La Salpêtrière* in order to

wait upon her mother, obliged, through poverty, to become an inmate of that institution, for the relief of hystero-epilepsy. The heroine, in love with another gentleman, unwittingly asks her lover, the interne, whether she may marry without danger of transmitting insanity, and thus the plot is evolved. Various scenes of a most exciting character are depicted, with the aid of Charcot's writings, etc.—*Medical Times.*

—Prof. Alfred Stillé has resigned his chair in the University of Pennsylvania. He was for several years one of the assistant editors of the *Richmond and Louisville Medical Journal*.—*Medical Bi-Weekly*, July 2d, 1881.

[It has been two years since Professor Stillé tendered his resignation, and upon the request of the Trustees reconsidered and withdrew it. He is now, as he has been, the "Professor of the Theory and Practice of Medicine."—ED. SPECIALIST.]

EARLIEST POST-MORTEM IN AMERICA.—The earliest reference that I have found to a post-mortem examination in America, is contained in a manuscript order of the Council of Lord Baltimore, dated St. Mary's, in Maryland, July 20th, 1670. In it, John Stansley and John Pearce, Chirurgeons, are ordered to view, on Monday, August 8th, 1670, the head of one Benjamin Price, supposed to have been killed by the Indians.—*E. M. Hartwell, The Study of Human Anatomy. Cincinnati Lancet and Clinic.*

—It was a funny picture, that of Dr. Hammond (300 lbs.), toiling about for an hour and a half, in the depots at Jersey City, with the thermometer at 100°, trying to find a special train which was to carry him to Washington to take charge of the President, on the representation of an Alfred Jingle, that the government had gone to pieces and all the cabinet and the whole country looked to him for safety. Come, come, William, find a seat back nearer the wall.—*Cincinnati Lancet and Clinic*, September, 3d, 1881.

—Shop-girls in New York should be thankful to the Legislature of their State for passing a law requiring their employers to provide seats for them. The brutal tyranny of compelling women employed as clerks to stand ten to twelve hours per day is at an end.—*Medical Bi-Weekly.*

[A good example for the Pennsylvania Legislature. ED. SPECIALIST.]

—Mr. MacCormac, the Secretary General of the International Congress, is to be dubbed a knight by her Majesty, the Queen, in reward for the efficiency of his service, and "also as a recognition of the important position taken by our profession on the occasion of the great scientific gathering from all the quarters of the world."—*Cincinnati Lancet and Clinic.*

—Dr. F. R. Sturgis has been appointed Professor of Venereal Diseases.

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AIDS TO DIAGNOSIS IN NASAL DISEASE.

Read before the Philadelphia County Medical Society, April 13, 1881,

BY HARRISON ALLEN, M.D.

In making a diagnosis of nasal disease considerable difficulty is acknowledged. The nasal chambers are intricate in their outlines, the apertures permitting inspection are small, and the various structures seen therethrough are foreshortened to the eye.

TO EXAMINE THE NASAL CHAMBERS.

The following rules have been framed with the object in view of simplifying the examination and to properly interpret what is seen.

1st. Bring the shoulders forward and throw the head far back. Insert the speculum. The under surface of the middle turbinated bone will be seen at its anterior part, provided no undue narrowing of the chamber exists. In the same position, inspect the chink between the anterior end of the middle turbinated bone and the outer wall of the vestibule.* Make such use of the probe as may be indicated to ascertain the condition of the mucous membrane, and the nature of the points of contact (if such should exist) between the median and lateral walls.

2d. The shoulders to be in the same position as in the preceding. The speculum being in place, bring the head slightly forward. The middle turbinated bone now passes from the field, and the ethmo-vomerine sutural projection, if such exists, becomes visible. When it is present, the posterior portion of the middle turbinated bone, the ethmo-vomerine projection, and the superior curved portion of the inferior turbinated bone are occasionally seen to be in contact with one another. No obstruction to breathing need follow upon this arrangement, provided the inferior portion of the chamber remains open. In other examples, the parts just mentioned are separated from one another when a black curvilinear chink exists between the inferior turbinated bone and the septum. If this chink does not exist, by reason of the pressure of the sides against one another, distress is very apt to be acknowledged. During treatment the chink can be defined at the time the patient reports improvement. In yet another group of nasal chambers the parts in question are remote from

one another, and the lower portion of the wall of the sphenoid sinus is seen, together with the upper portion of the choana.

3d. The shoulders still being forward, the head is brought into a horizontal position. The space between the sides of the inferior turbinated bone and the septum is now seen through the speculum. If the chamber is capacious, and the anterior osseous aperture large, the plane of the opening of the inferior meatus is visible and situate about half way up the outer side of the field. If, however, the parts are everywhere contracted, the plane of the inferior meatus orifice is not seen, or, if it is seen, its upper portion only is discernible.

Such inspection as is practicable, of the middle meatus, can be made either in the second or third positions.

4th. Preserving the forward position of the shoulders, as before, bring the head well down on the chest. Insert a small-calibred speculum and push it as far inward to the lower portion of the anterior osseous aperture as is possible. The floor of the nasal chamber is now seen at its anterior part. The chink between the anterior end of the inferior turbinated bone and the floor, and the floor of the vestibule itself, are all visible. This field is frequently obstructed by an outgrowth from the septum, either maxillary or vomerine in nature. Should hypertrophy of the inferior turbinated bone exist, the chink between the bone and floor of the nose is obliterated.

TO DETECT THE SIGNIFICANCE OF TRACTION BANDS.

The history of recurrent obstruction from angiose turgescence can be confirmed by the presence of cobweb-like threads of mucus stretching across the chamber from the lateral to the median wall. The following explanation is ventured upon: the surfaces once in contact have separated, but give evidence of their former position by these traction-bands.

TO DETECT OBSTRUCTION.

Close the mouth and the nose of the opposite side; then bring the shoulders forward and throw the head back. Request the patient to breathe. If the sound is sniffing, especially if the act be associated with adduction of the lateral wall of the external nose above the wing, obstruction exists. Then insert Zaufal's speculum in

* By vestibule is meant the interior of the external nose.

the premaxillary portion of the nose. Repeat the breathing-test. If the sniffing is now relieved, obstruction of the vestibule or the premaxillary region may be diagnosed. Should the sniffing persist, push the speculum into the maxillary portion, and in succession to the palatal, renewing the test of breathing in each instance; or, the small rubber speculum being in position, raise suspicious folds of mucous membrane with a probe and request the patient to breathe. Such improvement of breathing after thus pressing aside the turgescient folds furnishes a clue to the nature and location of the obstruction. The presence of mucus in the nasal chamber can be detected by its motion forward and backward during respiration, when conducted in the manner above described.

TO PREPARE A NASAL CHAMBER FOR EXAMINATION WHERE GREAT NARROWING EXISTS FROM CONGESTION OF THE MEMBRANES.

Apply a primary current of electricity, from two to six cells. The catheter should be placed over the cheek below the infra-orbital foramen, and the anode on the nape of the neck or at the mastoid fossa. After the current has passed for five minutes the patient will announce the fact that the obstruction is relieved. Inspection can now be made of the deeper parts with ease. Should the obstruction not yield to this test, a diagnosis of infiltration of the tissues may be made. An excessively angiose condition of the membranes accompanied with hyperæsthesia is rarely seen, which will not yield to the current. These applications are not only aids to diagnosis, but are often in themselves curative. Obstruction not due to turgescence or infiltration may be proved to be osseous by the probe.

TO DETERMINE THE CONDITION OF THE MEMBRANES BY THE REFLECTION OF LIGHT THEREFROM.

A moist surface yields a broad, brilliant reflection. A dry one yields a diffused, dull reflection, which at the same time that it is diffused is broken up into minute points of light.

A mammillated moist surface will throw off multiple reflections, but a uniformly convex surface will throw a single large pencil of light.

TO EXAMINE THE CELLS OF THE NASAL MUCOUS MEMBRANE.

A double angulated probe passed into the normally constituted space between the lower turbi-

nated bone and the septum, and drawn forward at the same time that it is pressed firmly against one of the sides, can be withdrawn, bringing with it a drop of the mucus of the region through which it has passed. This drop, when examined with the microscope, will show characteristic epithelial cells, with active cilia. The cells are deformed in outline, without cilia, and otherwise changed, in mild forms of atrophic degeneration of the turbinated bones; deformed, without cilia, and excessively granulated in the infiltration of syphilis; or, absent, in angiose turgescence and in advanced forms of atrophic degeneration. Angiose turgescence exists in hay fever and some forms of catarrh, associated with hyperæsthesia, simulating hay fever. In such diseases the cells are not easily detached, and cannot be found in the mucus.

For clinical purposes the nasal region may be divided into the premaxillary, the maxillary, and the palatal portion. If sections be made by sawing the skull in frontal (transverse vertical) planes at the lines of sutural union on the hard palate, viz., between the premaxillæ and the maxillæ, and between the maxillæ and the palatal bones, subdivisions of the nasal chamber are secured which embrace more or less natural regions. The premaxillary portion includes the vestibule and the nasal chambers proper, so far as to embrace the anterior ends of the turbinated bones. The upward extension of the section would answer to the anterior border of the anterior cerebral fossa. The maxillary portion includes the turbinated bones within the point last mentioned and the hinder ends. The palatal portion includes the hinder ends of the turbinated bones and the region extending thence to the posterior nares.

SUFFERERS FROM MENTAL OVER-STRAIN; REMOVAL OF THEIR MOST IMPORTANT SYMPTOMS WITHOUT INTERNAL MEDICATION.

BY HUGO ENGEL, A.M., M.D.,

Professor of the Principles and Practice of Medicine, and of Clinical Medicine, at the Medico-Chirurgical College, etc., etc.

There are, especially in our country, many patients who continuously complain of their irritable nervous system and their disturbed sleep. Among them, we notice: hysterical persons; merchants,

professional men and others, who overstrain their mental faculties; individuals who have a great deal of worriment, or who are suffering from intense grief over the loss of a cherished and near relative, or whose mind is preoccupied by one idea, over which they always meditate—as inventors brooding over a patent, students preparing themselves for examination, politicians undergoing the excitement of an election, parties having important suits pending in court, or brokers, and those who gamble in stocks, and lastly, those who have the charge of great enterprises, which demand the continued exercise of great mental power, and who, worn out mentally and physically, never find time to take their natural rest and recreation; all of whom, if they are not ailing besides from an organic affection, belong to that great category of patients in whom, perhaps, the ablest pathologist would never detect a morbid process, but who are, nevertheless, ill, seriously ill, as their health becomes at last dangerously and too often hopelessly undermined by the continuous irritation of their nervous system, by the loss of refreshing sleep, and by the irritable state affecting all organs of the body, which latter show their sympathy by their more and more disturbed functions. Softening of the brain, melancholia and other forms of insanity, and other serious affections of the brain, as shown by the loss of memory, the impairment of special nerves, the severe headache and early paralysis, lead to an untimely death; or the latter sets in gradually or suddenly without having given previous warning by the appearance of the symptoms and signs of an organic lesion. We need only to remind the reader of the early death of Thomas A. Scott, the great railroad man, whose splendid physical organization might have kept him alive for many, many years longer, had he not overtaxed his brain, neglected the frequent warnings that nature gave him, and in such a way prematurely ended a brilliant but far too short a career!

All such patients complain of some affection of the nervous system; their ailment is mostly of an indefinite character, and an accurate diagnosis of a special disease is nearly always impossible. They will speak of their headache, or of a neuralgia and pains of all kinds, or of their dyspepsia, as the cause which induced them to call on the physi-

cian; but all will admit that they are also very irritable, that they feel easily fatigued after the slightest exertion, and that they do not sleep well. They either lie awake for hours, or their sleep is frequently disturbed; or they awake early, after having slept a few hours, turning themselves restlessly from one side to the other, without being able to fall asleep again.

We will not try here to investigate the actual pathological condition which produces these symptoms; but we need only to look at their wan faces, their shallow complexion, sunken eyes and worn-out body, to see that we have a dangerous complaint to deal with, which almost looks like a cachexia, which in truth it is, a fruit of our modern way of living: the cachexia of a constitution the nervous system of which is ruined, the cachexia of nervous exhaustion, if I may so call it. As mentioned above, I exclude all those cases here, suffering from actual organic lesions, though I can well see how a person with an organic affection may be ailing besides from this same cachexia in consequence of one of the causes enumerated, and under such circumstances the case would partially belong here.

But what now concerns us most is the therapeutic side of the question. What can we do for these patients? Regulate their diet, give them plenty of physical exercise, a change of air and scene, traveling in other countries, a sojourn at the seashore or in the mountain regions, and, most important of all, removal of the cause; that would be the best, most rational and effectual treatment. But suppose this—as we generally find it to be the case—cannot be carried out, or only partially so. What else can we do for the exhausted nerve-centres? Soothe them artificially by hypnotics, as opium or its preparations, chloral or the bromides? Or try to strengthen them by a tonic, perhaps a stimulant treatment? A conscientious physician will risk neither the first nor the last mentioned, as an opium or chloral habit may be the result of the first, drunkenness of the last.

Happily we have a remedy which, if correctly applied, will bring the desired relief: electricity.

While using the latter for other ailments, which often were not benefited by it, I noticed that such patients, without being asked, told me, frequently, that their nervous system seemed to be

quieter, and that they enjoyed a much better and deeper sleep since the electric application. Some patients complained even of their being so drowsy and sleepy after a séance. I found that the same observation had been made by eminent writers on electricity, as Benedick, Althaus, Duchenne, Meyer and Remak. This induced me to try this treatment in the kind of cases enumerated above, and I was so generally successful that I do not hesitate to recommend it to the profession as the safest and surest means of quieting the nervous system of such persons, and procuring them a natural sleep. It makes these patients much less irritable, and seems to have sometimes a remarkable influence on their mind, so that they become less irritable, lose even some of their restless desire for success which they formerly showed in the pursuance of their avocations, and remove thereby the cause of their disease themselves. In cases where the cause came from without, as in worryment about the loss of a near relative, the patients seem to think less about it and are less disturbed by it.

The galvanic or faradic current may be employed. The first is preferable, as the procedure is less complicated and occupies less time. The current from three to six cells of a battery with great intensity, or from sixteen to twenty cells of a battery of little intensity, is about the average of strength required. Its interruption must be carefully avoided. The application is made as follows—premising that the electrodes as well as the skin covering the part where the first are to be applied should be thoroughly moistened with a weak salt-water solution, and that polished, marble-plated electrodes, covered by leather, are preferable to any others, and that one should have the size of about a silver half dollar, and the other be about three inches long and nearly two broad and oval shaped: Either each electrode is applied behind one ear, on the part of the mastoid process not covered by hair, or the anode is applied a little below and behind the angle of the lower jaw, and the cathode to the protuberance of the occipital bone on the same side, or a little above the seventh cervical vertebra, or to the fleshy part immediately above the edge (of the same side) of the manubrium sterni, or, lastly, to the same place at the angle of the lower jaw as the anode, but on

the opposite side. The application should last from three to ten minutes, long and strong enough to produce in the patient a *slight* sensation of vertigo, when the electrodes are gradually withdrawn.*

This application should be daily repeated, best during the afternoon; as soon as a decided improvement has set in, generally after a week's duration, the séances may take place at greater intervals.

Should the physician possess no galvanic battery,† and be forced, therefore, to apply the faradic current, then one large, moistened electrode is held steadily to a moistened place of the neck over the trapezius muscle, while the other smaller and moist electrode is carried slowly over the dry skin of the forehead, head, neck, shoulders and arms. I doubt very much that, as regards the results to be obtained here, any difference exists between the primary and secondary current; should I have to choose between the two, I would give preference to the first, simply from theoretical reasons. The current must not be so strong as to be really painful, the interruptions must be rapid, and the application should be continued for half an hour at least, at about the same time every afternoon. Sometimes the result is better if the application is made over a larger surface of the body. In such a case one pole is connected with two moistened and leather-covered zinc plates, upon which the moistened soles of the feet rest, while the other electrode is carried over as large a surface of the body as possible. The time the application of the faradic current should last, and the length of surface over which it should be extended, depend mainly upon this rule: As soon as the patient feels an inclination to sleep, the purpose has been accomplished for that day.

If all proper hygienic measures as regards diet, exercise, etc., can be taken at the same time, the cure will be the more rapidly effected. A very great amelioration takes place, even in cases where the exciting cause cannot be removed.

Philadelphia, 507 Franklin St.

* This is best done by moving the electrode nearest to it slowly over the thoroughly moistened skin to the hairy covering of the scalp; thus way the interruption of the current is felt least.

† In one of the next numbers of the AMERICAN SPECIALIST I intend to show how every physician may build a galvanic battery himself at a comparatively small cost.

A CASE OF CONGENITAL ANIRIDIA WITH CATARACTS.

BY C. H. BROWN, M.D.,
Lancaster, Pa.

William Miller, aged thirty-six years, a driver of a coal wagon by occupation. About ten years ago he noticed that his vision commenced to fail, which he attributed to catching cold. Previous to this time his sight had always been good and he considered his eyes strong. Left eye first became affected after an acute (conjunctival?) inflammation; the dimness of vision in this eye was followed in the course of a year by right eye becoming similarly affected. Vision got worse and worse, and for the past five years has been practically blind. Never had any pain after the subsidence of the first inflammation. Health has always been very good. Is able to distinguish light from darkness very readily, in fact, is able to find his way along a familiar street, although with considerable difficulty. Says the vision of left eye is better than right eye. Had been to see a number of doctors, and had even been to Philadelphia to consult oculists there, and had applied at Wills Hospital; but on account of his natural timidity, or for some other reason, he came back without having had anything done to his eyes, although he had been advised to have an operation performed and told that it would restore his vision. His friends now insisted that he should have the operation performed, and for this purpose he was sent to me. This is the substance of the history I was able to obtain.

When he applied to me his condition was as follows: eyes seem smaller than natural, and the corneæ seem small in comparison with the size of the ball. Nystagmus is present, the oscillations being in a horizontal direction. The movements are constant and associated, the nystagmus being bilateral. The patient is conscious of the movements and complains much of the unsteadiness of his eyes, but is unable to say when these movements first commenced. In O.D. the lens is opaque and of a uniform milky color. No trace of any iris. There are one or two points around the periphery of lens, through which a red reflex can be obtained. In O.S. the lens is opaque and apparently calcareous. Around periphery of lens is a zone looking very much like atrophied iris adherent to anterior

capsule; but was proven not to be iris by the illumination possible through periphery of lens. Anterior chambers seem quite deep, especially in O.S. Can discern a gas-light at 5' with either eye, but most distinctly with O.S. Tension normal or perhaps slightly increased. There was no history of any injury, and so was led to believe that the absence of iris was congenital.

On June 20, 1881, with the assistance of Dr. J. W. Hess, I placed the patient under the influence of an anæsthetic and proceeded to perform the operation. I made an incision through the outer edge of the cornea with a lance-shaped iridectomy knife; with the escape of the aqueous, the capsule of the lens ruptured and the liquid opaque matter escaped through the opening with but little assistance. The patient recovered slightly from the anæsthesia, and became almost unmanageable for a moment, straining his eyes and squeezing the lids very much. I quickly removed the speculum, but in spite of this precaution there was some escape of vitreous from both eyes. There was a small amount of opaque lens matter left in anterior chamber of O.S., but the sequel proved that it was speedily absorbed and gave no trouble. A Liebreich bandage was applied and the patient kept in bed for six days. Although there was no iris, and therefore no danger to be feared from iritis, yet after the second day I applied a solution of atropine, partly as a matter of routine treatment, and to satisfy myself that I was doing all that was possible to avoid any disastrous complication. There was but little reaction after the operation, the lids were not at all swollen and the discharge but slight. His only complaint was of right eye, occasional stitches and a burning pain. On the sixth day I inspected the condition of the eyes with a lighted candle; the corneæ were bright and clear, the pupils black, and the conjunctivæ considerably congested. Took the bandages off now, and after this left eye gave no further trouble, but in right eye the uncomfortable sensations and conjunctival congestion continued. I ordered three leeches to be applied to the right temple, after which these uncomfortable sensations gradually abated and the eye became comfortable.

With + 10 D, O.D. V = ability to see objects when placed between him and the light, O.S.

$V = \frac{18}{\infty}$. This I regard as a very fair result, considering the fact that the man never was accustomed to fix his vision intently on any small object, and that for ten years nearly he has been able to do little more than distinguish light from darkness, having lost what little power of fixation he ever possessed, as is evidenced by the nystagmus. This nystagmus is still present to a much less extent than before the operation, but the man says that he is not conscious of any movement and that his eyes feel steadier.

In Stellwagon and several other works in my library there is no mention made of the condition of aniridia, and Wells gives but a short paragraph on the subject. I have therefore desired to place this case on record, but regret the imperfect manner in which it is done.

LOCALIZATION OF DISEASE IN THE BRAIN AND THE SPINAL CORD.

A discussion on this subject was opened by Dr. Brown-Sequard, of Paris, who read a paper in which the following questions were proposed for consideration: 1. Are there parts of the brain and spinal cord which, being diseased, give rise to symptoms which no other parts can produce? 2. What is the diagnostic value of certain symptoms to show the seat of disease in the brain or spinal cord? 3. What gains have we made in diagnosis by the recent researches on localization of disease in the cerebro-spinal centres? As regards the first of these questions, he tried to show that, although there is no symptom which alone possesses an absolute pathognomonic value concerning the seat of the disease, there are morbid manifestations, the co-existence of which establishes almost certainly, and sometimes certainly, that special parts are diseased. As regards the second question, he spoke of the connection (1) of aphasia with disease of the third frontal convolution, the island of Reil, and the occipital lobe on the left or on the right side; (2) of the Jacksonian convulsions with some cerebral convolutions; (3) of brachial, crural, facial paralysis, and of other kinds of monoplegia, with lesions of certain convolutions; (4) of cerebral hemianesthesia with disease of the optic thalamus or of the posterior part of the internal capsule; (5) of hemichorea with disease of the corpus striatum or of

the anterior part of the internal capsule; (6) of titubation with disease of the cerebellum, and of some parts of the base of the brain; (7) of diabetes with disease of the floor of the fourth ventricle; (8) of labio-glosso-laryngeal paralysis with disease of certain groups of nerve-cells of the medulla oblongata; (9) of some symptoms of labio-locomotor ataxy with disease of certain parts, and of other of the symptoms of that affection, with disease of other parts of the posterior columns of the spinal cord; (10) of paræsthesia with disease of the central parts of the lumbo-dorsal enlargement of the spinal cord; (11) of progressive muscular atrophy with atrophy of the nerve-cells of the anterior gray cornua of the spinal cord; (12) of the essential infantile paralysis with small foci of inflammation of the part of the gray matter just named; (13) of intermittent paraplegia with ischemia of the dorso-lumbar enlargement of the spinal cord. As regards the third question, he showed that considerable advances had recently been made, although much less than was generally believed. — *Louisville Medical News*, October, 1881.

SUCCESSFUL TREATMENT OF GONORRHOEA.

BY F. R. FRY, M.D.,

St. Louis, Mo.

W. D. Wilson, M.D., Surgeon-Major in the English service, sends a brief item of correspondence to the London *Lancet* for September, in which he speaks of his uniform success in the treatment of gonorrhœa with injections of sulphurous acid and water.

It is not uncommon to find similar communications from this and that gentleman in the various medical journals, relating their unusual success in the treatment of gonorrhœa with certain remedies; whereas in the hands of others there seems to be nothing unusual in the remedies severally suggested. What is the explanation?

Without ever having tried the remedy, I think it is safe to conclude that if the gentleman mentioned above thinks there is any very special advantage to be had in the treatment of gonorrhœa with sulphurous acid over other known useful remedies, he is mistaken. And I think the sources of his error are to be found in his com-

munication ; and are these : first, the number of cases of true gonorrhœa that he treated was small ; next, the success in the management of such cases as he did treat was due to the manner of giving the injection more than to the special efficacy of the remedy. After giving his instructions (which are given below), he says that, if they are strictly followed, "the purulent discharge will become scanty on the first day, and on the third day it will be replaced by a thin, gleety discharge, which also disappears in a couple or three days."

He does not state at what stage of the urethral inflammation he began the injections. But if he began them immediately on the first appearance of a discharge of pus, and got the results just mentioned, he did not have to deal with what may be properly called a specific urethritis. For support in this statement, I appeal to the experience of all those who have treated and carefully watched the course of a moderate number of cases of clap. Such will bear me out in the statement that there is a form of urethritis that comes on with peculiar acuteness in from two to five days after exposure, and runs through an acute stage of three, four or more days ; that there is another form of urethritis, with a purulent discharge appearing within a few hours of exposure. In the former of these the mucous membrane of the urethra has undergone such a pathological change, and reached such a condition by the time that a secretion of pus begins, that it is just as impossible that it can be restored to a normal condition in a short time as it is that a lung in the second stage of pneumonia, can be restored to its normal condition before the disease has run a more or less definite course.

Injections given during this acute stage may arrest the discharge, and, according to their character, may be more or less grateful to the patient. But the other evidences of an acute inflammation remain. After the subsidence of this acute stage, the urethritis, if left to itself, will run through a sub-acute, and maybe a chronic stage ; but if mild astringent injections are given properly, the discharge soon ceases and all appearances of inflammation rapidly disappear.

These are the reasons for thinking that the cases treated were either cases of non-specific urethritis or cases of specific urethritis taken towards the end

of the acute stage ; in which case equally good results may be had from almost any mild astringent properly used. This last item is a very important one. Mr. Wilson's directions for using injections are excellent and I think his success largely due to his method. He says : "I find it necessary for the attendant to give the injections, for if it is done by the patient, it is never well done, most of the fluid escaping outside the nozzle of the syringe. The injection should be kept in the urethra from three to five minutes. If the patient complains much of pain, or if there is a tendency to chordee, it will be then sufficient to administer the injections once or twice in twenty-four hours."

Articles of this kind are apt to mislead as to the time necessary in curing clap, as well as to the special efficacy of certain remedies. My reasons for noticing this one particularly are, that it appears in a prominent journal, and that the writer is explicit enough in his statement to make it easily criticised.—*St. Louis Courier of Medicine, Oct., 1881.*

ST. JOHN'S HOSPITAL SURGICAL CLINIC. SERVICE OF PROFESSOR T. F. PREWITT.

Reported by Chas. B. Ewing, M.D., Asst.

SYPHILIS—CHANCRE UPON NOSE—ACCIDENTAL
INOCULATION—CONCEPTION AND
STILL-BIRTH OF CHILD.

Matilda C—— ; aged 27 years ; married ; brunette ; fair development ; weight about 135 lbs. ; came to Surgical Clinic in early part of May, 1880. Married in April of that year. During the week previous to marriage she noticed a "small red pimple" located on the left ala near point of nose. Husband told her he had a "large boil" in right groin ten months previous. I learned from attending physician at that time that he had marked symptoms of secondary syphilis, and was under treatment for same. Husband also admitted to Professor Prewitt that he had syphilis, and was responsible for his wife's condition. Patient says her relations with intended husband previous to marriage were those of the strictest decorum and propriety.

The primary lesion can only be accounted for by reasoning that the syphilitic virus from mucous patches of intended husband's mouth, was transmitted by that vehicle of contagion, the saliva, to

a probable excoriation upon nose, through the medium of a kiss. Examination of genital organs shows no sign of primary lesion ever having existed there. When patient presented herself at Surgical Clinic, lesion upon nose was at once diagnosed as chancre by Professor Prewitt, from its possessing the following characteristics, viz., an elevated tubercle, moist, livid, with marked induration of base, and having a watery discharge.

The exact period of incubation is unknown; The appearance of chancre was followed three or four weeks afterwards by lymphangitis and adenitis. The adenitis was confined principally to the submaxillary and post-cervical glands, which became very much engorged, the swelling being of an indolent, slow, painless non-inflammatory character.

Secondary stage was ushered in eight or ten weeks after by a slight fever, loss of appetite, weakness, rheumatoid pains of the muscles, aching of the bones, headache particularly severe at night, after which followed an eruption of a papular character upon chest, abdomen and back. The papular syphilide possessed all of its usual characteristics, in being of a copper color with tendency to assume a rounded form, absence of itching or pain, non-disappearance on pressure, and existing symmetrically, etc. Eruption finally reached the scalp. Mucous patches appeared in mouth, on pharynx, and spread upwards into the posterior nasal fossæ. Epitrochlear glands became indurated, and entire involvement of lymphatic glandular system succeeded. Iritis occurred with its usual symptoms of slight dullness and change in color of iris, supra-orbital pain and photophobia. Alopecia was of a temporary character, and confined to scalp and eyebrows. Patient conceived shortly after marriage, and gave birth to child at the seventh month. Child, she says, died in utero four weeks previous to delivery. Mother states that at birth child presented a macerated gangrenous condition in parts, and that the skin "came off" when touched; the cuticle was detached over large patches of surface, and other parts were raised in blebs, with thin offensive fluid underneath.

Patient presents the following condition fifteen months after reception of primary lesion, viz.: observe superficial, somewhat elevated patches, of

inflamed mucous membrane in the mouth, on pharynx, palate, tongue and cheek, ulceration of tongue and a particularly violent inflammation of the Schneiderian membrane, with a very offensive discharge from her nose. Patient has had several eruptions upon the body during the course of the disease. The present papular syphilide is not symmetrical, but is distributed indiscriminately over body and extremities, taking the form of irregular, slightly depressed, rounded patches. Papules in the furrows bordering upper lip and nose, run together and scab over, their surfaces being covered with crusts. Iris shows signs of chronic inflammation. Her general condition is much improved.

Treatment consisted of mercury administered by Professor Prewitt, in the form of the protoiodide, to procure the healing of syphilitic sores, and the absorption of syphilitic lymph. Mercurial inunctions and tonics were also used. Patient was seen by Professor Prewitt when her trouble was in its incipency, but she did not again put in an appearance at Surgical Clinic to undergo treatment until two months since. I learn she was under the treatment of other medical gentlemen previous to her last appearance at clinic.

Remarks.—Firstly. This case is illustrative of the general rule, that if the mother gets her chancre just before, at the moment of conception, or soon after, a miscarriage results. Secondly. That while an excoriation of the cuticle or epithelium at point where virus comes in contact with genitals, or other parts of body, *favors transmission* of the disease, it has not been proven that an *abrasion of the surface is absolutely essential to affection*. Thirdly. Where the epidermis is thin, infection may occur *without wound of the cuticle*. —*St. Louis Courier Med.*

NEURALGIA, OR RHEUMATISM.—

R.	Chloroform tinct.,		
	Aconite rad.,	āā	f. 3 ij
	Morph. sulph.,		gr. j
	Iodide potass.,		3j. M.

Prick the skin with a fine needle, over the seat of pain, with twenty or thirty punctures, and rub in the foregoing mixture. Immediate relief is said to follow each application, and a cure effected in local cases in a short time.—*Quarterly Epitome, Sept.*

The American Specialist.

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PRESLEY BLAKISTON,

1012 Walnut Street, Philadelphia.

PHILADELPHIA, NOVEMBER 1, 1881.

COUNTRY DOCTORS.

Physicians are necessary everywhere. Disease belongs to human nature, and wherever disease is found, there does the piteous and pleading voice of suffering humanity cry out for the doctor. He is truly the servant of his fellow-man; and such a servant. The poor day-laborer, when his work is done at sundown, becomes master of his time till sunrise. The clerk, the lawyer, the judge, the merchant, in fact, every human creature, with the only exceptions of clergymen and physicians, have each a certain portion of the twenty-four hours they can call absolutely their own. How different with the doctor. There is no certainty in his life. He knows not at one hour where he may be the next. His days are uncertain, and when, worn out, he goes to bed, he knows not whether he will have a full night's rest. The prominent physician of the large city has a certain recompense for this arduous life. We all of us, who are conscientious in our practice, have the recompense of duty performed, have the satisfaction of clear consciences, an easy and restful mind; but in addition to this, the successful and prominent physician of the large city has the satisfaction of a gratified ambition, a respected and honorable position among prominent and intelligent men, and lastly, the satisfied contentment always produced by financial prosperity. How little of these last rewards of

duty well performed falls to the lot of the country doctor, very few city physicians imagine. He is considered the servant of the people, as in the city, but he remains a perpetual servant. His labor is infinitely harder and more unpleasant, his rewards very much less in every way, and his position generally a very unenviable one. His patients, as a rule, are unintelligent. They may be naturally smart, but they are uneducated. Many of them are superstitious, and all of them very close. Of course, you may find exceptions to this rule; I have had some of the most desirable patients in every way in country practice, but the rule is as I have indicated, and the enviable patients constitute the exceptions. The practice of the city physician is generally circumscribed. It is the exceptional case that will call him more than a mile from his home. If called at night, the street car will carry him to his destination. If this call be to a labor case and his immediate and constant attendance is not necessary, he may return home in a few minutes and get back to his case in good time. His calls will all be left at his office, so that before starting out he can so arrange his visiting list (knowing just how many patients he must see) as to form a very good idea as to when he will return. If called away for a few days he has plenty of brother physicians who can dovetail his work into their own and so protect his practice for him. He has the advantages of hospital clinics, society meetings and libraries, to enable him to keep pace with medical progress. He constantly meets and converses with other physicians, and from them absorbs new ideas. Finally, he is looked upon as knowing more and being more capable than the poor unfortunate country doctor. Now, in the country there is no limit to the area of the doctor's practice, it may extend ten or twelve miles from his home. He may start out in the morning to visit Mrs. Maginnis, living five miles from his house, and make an appointment to be home at a given hour, allowing

ample time for all visits between home and Mrs. Maginnis'. When he reaches Mrs. Maginnis' house, he is told that the Widow McGroggy, who lives three miles further, wants to see him. This entails six miles extra drive, and like enough he will never collect a penny for his extra trouble. When he gets home, tired out, he will probably find a case taking him back to within a mile or so from where he came. I can recall one cold Sunday evening, when, after a long and hard day's work, I returned home, congratulating myself on a cosy evening by the fire. My horse (as tired as I myself was) had just been put in the stable, and I was sitting down to supper, when word was brought me that Mr. Seton, *living* SIX MILES away, was dangerously ill, had been taken with a hemorrhage, the minister had been sent for, and I must come at once. The tired horse was brought out, its still more exhausted master, leaving his supper untasted, was compelled to draw on his shoes and coat and start out for a *six mile drive*; for Mr. Seton was a good patient and could not be neglected. Arriving at my destination, to my disgust I found my supposed dying patient placidly smoking his pipe. To put it vulgarly he had been on a *big spree*, and in a drunken fit had bitten his tongue, hence the hemorrhage. He was very nervous and nothing more. Controlling my indignation, I prescribed a sedative mixture, made him promise not to drink and not to leave the house until my next visit, on the following Tuesday, and drove home. On Tuesday I visited his house again and found him not. He felt so much better he had gone to the city on business. Since country people expect a great deal of work for very little pay, and since I did not see him on my second visit, I could only charge for one, for which I received one dollar. I had suffered much inconvenience and had driven twenty-four miles for one dollar. This would not pay for the wear and tear of my carriage. Though an exaggerated, this is

not an exceptional, case of the kind. A similar case occurred to me one cold, snowy morning, when I was awakened at half-past five by the word that Mr. So and so, who lived some four miles away, was very sick and wanted me at once. Dressing in a hurry, I drove in great haste, and when I arrived, half frozen, at my destination, I found an indolent ulcer some three or four months old and about the size of my thumb nail. I had to swallow my indignation as best I could and wash it down with a cold breakfast. I was aroused one night, at twelve o'clock, with the word that a woman whom I had been engaged to attend was in labor. She lived five miles away. They had neglected to send a wagon for me. My man was away, so I was compelled to open the stable and harness my horse myself. Shortly after I reached the house it commenced to rain. The father of the coming baby took the horse from the wagon and led him to a shed; when passing behind him my horse became frightened and kicked the man on the leg. The pain was so great that he fainted. I was obliged to leave my patient, and going out into the pouring rain, carry the man to the house and minister to his wants. Just as I had succeeded in restoring him to consciousness, I was hastily called to the next room; I found the child's head engaged in the vulva, and finally, about five o'clock, the child was born, when I had to add the preliminary duties of monthly nurse to those of accoucheur. Then followed a five mile drive home in the rain, a thorough wetting and a subsequent cold. During the next week I paid five visits to my patients. These were very well-to-do people, and after waiting six months, I received ten dollars for my labor and was generally considered a very *dear doctor* for asking so much. The most liberal patient I ever had lived in Chester (nine miles from my home), whom I used to visit every week, until I became too busy to spare the time. She was wonderfully generous, and paid me two dollars for

each visit; two dollars for eighteen miles. The meanest family I ever had was one in whom I took much interest. For some two or three weeks I attended one of the sons, often visiting him three times a day, and frequently late at night. Nearly every time I went to the house the mother had something to growl about, and finally, after some months, when I sent my collector with the bill he was met with abuse and curses, the most outrageous messages were sent to me, and a positive refusal to ever pay the bill was the only satisfaction we received. As a rule, country people in the middle and lower walks of life are very respectful, and even obsequious, to the doctor, and if he is satisfied to receive this reward of his labor all will be well. This respect, however, I should say, is only exhibited before his face. Behind his back they are great critics; after their day's work is done, they have nothing to do until bedtime but talk, and this they do lots of. The doctor comes in for even more than his share, and I can assure you is thoroughly discussed. I do not mean to condemn country practice absolutely. I have found many exceedingly upright and pleasant persons in the country, but what I do mean is, that the life of the country doctor is very much more laborious and unpleasant than that of the city physician, and that he can never attain that elevated position in his profession that is open only to the intelligent physician of a large city. This latter point is so universally recognized, that it has recently been decided legally (by Massachusetts or New York, I think), that the country doctor is not expected to know as much, and should not be held to so strict an accountability, as the city physician. I do not desire to frighten doctors away from the country. It is easier to get practice in the country than in the city, that is, to get patients to treat; but I do wish to let city physicians have some knowledge of the laborious life led by the poor country doctor.

BOOK REVIEWS.

A TEXT-BOOK OF MODERN MIDWIFERY. By Rodney Glisan, M.D. Emeritus Professor of Obstetrics and Diseases of Women and Children in the Medical Department of the Willamette University, and late President of the Oregon State Medical Society. Philadelphia: Presley Blakiston, 1881. Price in Cloth, \$4.00; in Sheep, \$5.00.

From the far West comes this latest contribution to the Practice of Obstetrics. Dr. Glisan has written a very good book, and he has written it in a very practical, intelligible and interesting style. The book is well illustrated, to the extent of one hundred and thirty drawings. Dr. Robert P. Harris of Philadelphia, has had the supervision of its publication. Dr. Glisan, after many years of experience, both as a practitioner and teacher, has accumulated much practical information, which he embodies in this book. It will be found a very useful book to students.

TREATMENT OF VARICOCELE, by excision of redundant Scrotum, illustrated by New Instruments and an account of fifteen successful cases by M. H. Henry, M.A., M.D., late Surgeon-in-Chief to the State Emigrant Hospitals, Ward's Island, New York, etc. New York: J. H. Vail & Co., 27 Great Jones street, 1881.

A reprint of twenty-six pages, from the *Medical Record*, of a paper read before the New York Academy of Medicine, by Dr. Henry in April, 1881. It has been published in book form at the request of many of his professional friends. Dr. Henry has for many years advocated this treatment of varicocele and he has had abundant opportunity to verify his opinion.

PRACTICAL HINTS ON THE SELECTION AND USE OF THE MICROSCOPE. Intended for beginners, by John Phin, editor of *The American Journal of Microscopy*, Fourth Edition. Thoroughly Revised and greatly Enlarged. New York: The Industrial Publication Co., 1881. Price One Dollar.

A practical work designed to be of service to those commencing the use of the microscope. It should be in the hands of all beginners. Its merits have been officially recognized by the fact of its adoption as an auxiliary text book in several schools and colleges.

THE MOTHER'S GUIDE IN THE MANAGEMENT AND FEEDING OF INFANTS. By John M. Keating, M.D., Lecturer on Diseases of Children, in the University of Pennsylvania. Philadelphia: Henry C. Lea's Sons & Co., 1881.

On these small points, such points as Dr. Keating treats of, the average physician is woefully ignorant. He may have considerable knowledge of Physiology, Pathology and the medicinal uses of drugs, but he either does not know or does not recall when needed, these seemingly trivial and really important hygienic points. Such a book is calculated to do very much

good. Let every physician who practices among children read it, and when called to a case in which he realizes that long continued hygienic precautions will do more good than drugs, and when the mother is intelligent enough, let him advise her to buy and be guided by this little book.

A MANUAL FOR HOSPITAL NURSES AND OTHERS ENGAGED IN ATTENDING ON THE SICK. By Edward J. Domville, L.R.C.P., London, M.R.C.S. England. Surgeon, Exeter Lying-In Charity, etc., etc. Philadelphia: Presley Blakiston, 1881. Price 75 cts.

The intention with which this book was undertaken was and is a good one, while the fact that it has gone to a fourth edition is evidence of its popularity. Still we think there is too much in it. The majority of nurses think they know much more than the doctor, and we feel sure, that if the average nurse were to read this book, she would become almost unbearable in her presumption. When we have a training school for nurses, such a book will be most appropriate and will be productive of much good.

GENERAL MEDICAL CHEMISTRY FOR THE USE OF PRACTITIONERS OF MEDICINE By R. A. Witthaus, A.M., M.D., Professor of Chemistry and Toxicology in the medical department of the University of Vermont. Professor of Physiological Chemistry in the medical department of the University of the City of New York. Member of the Chemical Societies of Paris and Berlin, etc., etc. New York: William Wood & Co., 1881.

The positions filled by Professor Witthaus, and the national reputation of Wood's Library (of which this volume forms the August number) are sufficient guarantees of the worth of this book. It needs no further comment at our hands than to repeat that it is one of "Wood's Library of Standard Medical Authors."

REFRACTION OF THE EYE, ITS DIAGNOSIS AND THE CORRECTION OF ITS ERRORS, WITH CHAPTER ON KERATOSCOPY. By A. Stanford Morton, M.B.F.R.C.S., Ed. Senior Assistant Surgeon, Royal South London Ophthalmic Hospital; Clinical Assistant, Moorsfield Ophthalmic Hospital. Philadelphia: Presley Blakiston, 1881. Price, \$1.00

A small book of fifty-seven pages, which will no doubt be of some use to Ophthalmologists. In these few pages we find thirteen chapters. No doubt the book contains some useful information, but it is awfully technical and full of big words.

CHEMICAL ANALYSIS OF THE URINE. By Edgar F. Smith, Ph. D. Asa Packer, Professor of Chemistry in Muhlenberg College and John Marshall, M.D., Demonstrator of Chemistry, Medical Department, University of Pennsylvania. Philadelphia: Presley Blakiston, 1881. Price \$1.00.

To the general practitioner who desires to practice his profession to the best of his ability this book is worth five times the price asked for it. With our present knowledge, the kidneys are by far the most

important organs in the human body. No examination of a patient can be at all complete without a careful and thorough examination of the kidneys, and since their condition is indicated by an analysis of the urine, a knowledge of how to make this analysis becomes absolutely essential. This is the most recent work on the subject, and until a newer and better one appears, it must be read by all progressive physicians. It is well illustrated.

A MANUAL OF PRACTICAL NORMAL HISTOLOGY. By T. Mitchell Prudden, M.D., Director of the Physiological and Pathological Laboratory of the Alumni Association of the College of Physicians and Surgeons, N. Y.; Lecturer on Normal Histology in Yale College; Pathologist to the Manhattan Eye and Ear Hospital. New York: G. P. Putnam's Sons, 1881.

A handy book for students. Very practical and very intelligible. A quotation from the preface will give an idea of the plan pursued throughout the book. "The method adopted is to give a brief description of the tissues and organs in appropriate sequence, following each description with an account of the way in which the structures described may be demonstrated. The descriptions were written for the most part at the microscope table, with the preparations made by the methods recommended under the eye of the writer, so that it is believed that the student will have no difficulty in verifying them."

THE PHYSICIAN'S VISITING LIST FOR 1882. (*Thirty-first year of its publication.*) Philadelphia: Lindsay & Blakiston, 1882

This well known book is even more valuable this year than ever before. It contains several important and useful additions, prominent among them being a very plain and intelligible explanation of the transformation from the old to the new or metric system of prescription writing.

Selections and Abstracts.

CONSTITUTIONAL SYPHILIS—SULPHATE OF COPPER.—MM. Aimi, Martin and Oberlin, Physicians at St. Lazare, say: We have had the opportunity of treating, since September last, for different syphilitic symptoms, secondary and tertiary, fifteen patients who left the service cured; indeed, we have had twenty-two patients under treatment by this method. The results obtained by sulphate of copper are as satisfactory and as reliable as could be desired. On comparing, in a certain number of females afflicted with the same symptoms, almost alike in every particular, the action of the mercurial salts with that of the cupric salts, that of the latter has appeared to be superior in efficacy and rapidity in nearly every case.

Our patients have borne with the greatest ease thi

new method of treatment. In one case there commenced at the outset nausea of trifling significance, which did not, however, prevent tolerance from being established in three or four days.

In one case of severe syphilis (ecthyma and rupia, gummy tumors, etc.) in a woman belonging to the service of Dr. Bonrean, with whom the classical treatment had been powerless to modify her condition, the sulphate of copper, given for the first time February 29th last, has brought about a rapid and complete cure.

In two or three of our patients we have observed, as a symptom of cupric saturation, a gingivitis similar to that which mercury produces, characterized by a symptom in every way peculiar to it; that is, a *green line* running along the free border of the gums. We can add that this cupric gingivitis yields to treatment much more rapidly than is usual with mercurial gingivitis, and that in the two or three cases in which we have observed it, it has presented no threatening symptoms, nor is it ever accompanied with fungosities and softening of the mucous membrane.

The innocuousness of treatment seems to us to be easily explained by the small doses of sulphate of copper which we have employed. We have given it internally in solution of distilled water, in doses of 4, 8 and at most 12 milligrams daily, and externally by means of baths, medicated by 20 grams to the bath.—*B. Abeille Médicale*.—*Nashville Jour. M. and S. July*.

THERAPEUTIC VALUE OF MECHANICAL NERVOUS IRRITATION.—Cederschjöld has found (*Schmidt's Jahrbücher*, 1880) that compression of the nerve trunks with the finger tips is a therapeutic measure of much value. In scrivener's cramp, bronchial asthma, certain cases of locomotor ataxia, and tic douloureux, this compression has proven of much value. Compression of the brachial plexus may be produced by surrounding the arm with the fingers, in the axillary region. The sacral plexus may be affected in a similar manner by placing the patient in a semi-recumbent position, with his lower extremities drawn upward, and then pressing deeply into the pelvis. The solar plexus can be affected by pressure between the ensiform cartilage and the umbilicus. Cederschjöld found that daily irritation of the sciatic and crural nerves was of marked benefit in the fulgurant pains in locomotor ataxia. Dr. McCraith had previously called attention to this means of treatment, and it is one capable of much extension in the treatment of many nervous affections; but it is an open question whether some of the benefits of massage do not depend on the same principle, as there appears to be but little doubt that

some of the itinerant quacks who practice "rubbing" have at times markedly benefited certain cases of locomotor ataxia. Cederschjöld has used it in certain cases of club foot, with advantage, by strongly irritating the nerve supplying the weakened muscle.—*Therapeutic Gaz.*, June. *Quarterly Epitome*, September.

DISCOVERY OF THE MICROCOCCUS OF SYPHILIS.—Dr. Aufrecht, of Magdeburg (*Centralblatt für die Med. Wiss.*, No. 13, 1881), announces that he has discovered in syphilitic condylomata a micrococcus, which may be recognized by the following characters. The single cocci are of rather coarse grain; they are generally of the form of diplococci, or two joined together, and the number of these is greater than of the single cocci. They are very seldom in threes. They are stained deeply by fuchsin. He has found them in six cases; but in one, where the condyloma was ulcerated, and in another, where it had been painted with corrosive sublimate, they were very scarce. He, therefore, excludes ulcerated condylomata, or those which have been treated specifically. To obtain the micrococci, the condyloma should be incised with a lancet, and the blood sponged away; then a drop of the serous fluid that follows should be collected on a cover-glass, which is put under a bell-jar for twenty-four hours, to dry. At the end of that time, a drop of a half per mille solution of fuchsin is placed on an object-glass, and the cover-glass is laid on it. The excess of fuchsin is wiped away after two or three minutes, and the object examined with Hartnack's 9A immersion lens. To preserve the object, he puts a little damar varnish around the edge of the cover-glass.—*London Med. Record*, June 15th, 1881. *Buffalo Med. and Surg. Jour.*

PERIODS OF INCUBATION OF THE COMMUNICABLE DISEASES.—Dr. B. W. Richardson gives a list of twenty-five communicable diseases which have a period of incubation. He adds a list of eleven diseases concerning which it cannot be said certainly that they have a period of incubation. These latter are: catarrh, puerperal fever, pyæmia, hospital gangrene, sloughing phagedæna, phagedæna, remittent fever, intermittent fever, choleraic diarrhœa, cerebro-spinal fever, carbuncle.

The diseases attended with stages of incubation are conveniently divided into five groups:—

Shortest.—Incubation one to four days; Malignant cholera, malignant pustule, plague, catarrh, dissection wound disease.

Short.—Incubation two to six days: Scarlet fever, rosalia, idiopathica, diphtheria, dengue, erysipelas,

yellow fever, pyæmia, influenza, pertussis, glanders, farcy, crease, croup, puerperal fever.

Medium.—Incubation five to eight days: Relapsing fever, gonorrhœa, vaccinia, inoculated variola.

Long.—Incubation ten to fifteen days: Smallpox, varicella, measles, rōtheln, typhus, typhoid, mumps, malarial fever.

Longest.—Incubation forty days or more: Syphilis, hydrophobia.—*Med. Times.*

SPONTANEOUS AND APPARENTLY HEREDITARY DISLOCATION OF CRYSTALLINE LENSES.—Reported by Dr. Thomas Featherstonhaugh. A gentleman, aged about forty, has dislocations of his lenses. In the right eye the *ectopia*, as it is called, is outward and downward; in the left, upward. The border of the lens in each eye encroaches over one-half of the pupil. He, however, can make no use of his natural lenses, and wears ordinary cataract glasses. He has had about the same condition of sight, so far as he knows, from the time of his childhood, and knows nothing of any injury ever happening to his eyes.

His little daughter, aged nine, has had the same condition of affairs, with some trivial modifications. The right lens is displaced downward; the left, downward and outward. The lenses are so far in position that she makes use of them, and her refraction is highly myopic, as is usual in such cases. She, of course, has no accommodative power, and is compelled to remove her glasses for near points. Both father and daughter are flat-footed, rachitic individuals.—*The Medical Annals, June, 1881. Cinn. Lancet and Clinic.*

ANÆSTHESIA OF THE CORNEA is not infrequently encountered by ophthalmologists. According to Dr. Jas. L. Minor, of New York, this symptom is of a neuro-paralytic character, the seat of the lesion being in the Gasserian ganglion, (American Journal of the Medical Sciences, July, 1881.) This anæsthesia is only one factor, and bears no relation to the severity of the attack, or any concurrent inflammation. Vasomotor disturbance is commonly associated with this condition, which is easily recognized in the conjunctiva and iris, and the obstinately contracted pupil. Diminished tension of the globe is noticed in a fair proportion of cases, and trophic changes are common. The disorder, which lasts from two to six weeks, is frequently dependent upon malaria, and cinchonism often affords relief, in such cases in a short time. Where this fails, and in other cases complicated with neuralgia, gelsemium given with due care, is highly recommended. Five drops of the fluid extract are given every two or three hours, the dose being gradually increased. Morphia enhances its effect.—*Chicago Medical Review, October, 1881.*

TREATMENT OF GONORRHOËAL CONJUNCTIVITIS.—

One of the main indications consists in removing the pressure which the tense lids exert upon the eyeball, for the occurrence of corneal ulceration and gangrene depends largely upon the strangulation of vessels, thus produced. Some time ago Critchett relieved the tension and impending corneal danger in a very serious case by splitting the upper lid longitudinally and suturing the edges of the flaps thus formed to the skin of the brows. The procedure fulfills its object, but the risk seems imminent that shrinkage of the flaps may lead to subsequent deformity. The relief of the excessive tension has hence been attempted in another way by Fuchs (*Centralblatt für Augenheilkunde*, July, 1881). He splits the external commissure with the scissors, deepens the incision with a scalpel and prolongs it one centimetre beyond the external orbital rim dividing the soft tissues down to the bone. The upper lid can now be raised easily, the lower lid is kept everted by means of a loop suture until the swelling has subsided. During the operation hemorrhage occurs from the arteria zygomatico-orbitalis, which Fuchs thinks best to favor. The special advantage of the procedure apart from the relief of pressure is the thorough drainage of the pus. Two cases are given with incipient corneal change, the recovery of which proves the value of the procedure.—*Chicago Medical Review, October, 1881.*

EFFECTS OF EXCISION OF THE SYPHILITIC CHANCER.—M. Mauriac reports (*Gazette des Hôpitaux*, 1881, No. 7, 10, 14) seven carefully recorded cases in which he excised the initial lesion of syphilis. In six, excision was performed at periods varying from four to sixteen or eighteen days after the appearance of the sore. In the seventh case, the initial lesion was excised about fifty hours after it had been first noticed, and before there was the least trace of glandular enlargement; but in this, as well as in all the others, the operation was unsuccessful in preventing further development of the disease.—*London Med. Record, June, 1881.*

TREATMENT OF PSORIASIS BY TURPENTINE.—A writer to the London *Lancet* says: The treatment of psoriasis by turpentine is a valuable addition to our therapeutics in this often obstinate cutaneous disease, but requires more extensive trial. Your correspondent seems to think that its odor is the chief objection, but this can be easily remedied by the use of an equal part of the essential oil of lemons, which in itself is chemically identical to that of turpentine. The essential oil has the effect of destroying the terebinthinate odor without impairing its efficacy.—*Medical Summary, July.*

TUMORS OF THE EYE—ELECTROLYSIS.—Nieden advocates the employment of electrolysis in the treatment of certain tumors of the eye and its appendages. The advantages are: 1. Its applicability for the removal of neoplasms where other means fail or are of too uncertain and dangerous a nature. 2. Cavernous, angiomatic, and telangiectatic tumors may be destroyed without entailing a loss of substance of the normal coverings. 3. The effect to be attained may be accurately determined by the number of needles introduced, the number of cells used, the duration of the application, and the strength of the electric current. 4. There is scarcely any loss of blood, and the pain is very moderate. 5. The application is easily learned, and quite free from danger. Niden does not believe in the efficacy of electrolysis in the treatment of corneal or vitreous opacities, iritic membranes, or cataract.—*N. Y. M. J. and Obs. Rev., July.*

Miscellany.

—Hugo Engel, A.M., M.D., has been elected Professor of the Practice of Medicine in the Medico-Chirurgical College of Philadelphia.

—Princess Bismarck thinks she has found a remedy for epilepsy in the charred remains of cremated magpies.

—Dr. Canquoin is dead. He was the inventor of the chloride of zinc paste. He was in his eighty-sixth year.

—Billings gives four rules—which may well be known as Golden—for the preparation of an article for a journal: 1. Have something to say. 2. Say it. 3. Stop as soon as you have said it. 4. Give the paper a proper title.

—If we wish to live broad and unselfish lives, we must be slow to condemn all those who entertain convictions which to us seem foolish or mischievous and logically untenable, or to refuse to co-operate with them.—*Bristow, Maryland Med. Jour.*

—Huxley predicts that, in the progress of medicine, it will become possible to introduce into the economy a molecular mechanism which, like a very cunningly contrived torpedo, shall find its way to some particular group of living elements, and cause an explosion among them, leaving the rest untouched.

—The first medical library established in the United States was that of the Pennsylvania Hospital, established in 1762. The first State Medical Society was that of New Jersey. The first original medical work was published in New Haven in 1788. It was entitled "Cases and Observations by the Medical Society of New Haven County."—*Detroit Lancet.*

CELLULOID AS MATERIAL FOR ARTIFICIAL EYES.—Dentist Hamacher, of Berlin, is preparing artificial eyes of celluloid. The color of this material is quite a pure white, but it can be given any desired color.—*Cinn. Lan. and Clin.*

APPOINTMENTS AT THE PRESBYTERIAN HOSPITAL, PHILADELPHIA.—The Board of Managers at their last meeting unanimously elected H. Augustus Wilson, M.D., Pathologist, vice De Forest Willard, M.D. Dr. Willard was elected surgeon, the successor of the late Lenox Hodge, M.D.

MEDICAL CIRCUS PERFORMANCE.—Gaillard's *Medical Journal* gives the following information: "Coup's Three-Ring Circus will endeavor to secure Dr. F. D. Weisse, of New York, in his feat at firing at a cadaver, in illustration of the performance of Guiteau, in his assault upon the President. The ball is warranted to take a different course at every shot, and all details will be fully reported in the daily papers."

LONGEVITY OF BRAIN-WORKERS.—When unaccompanied by worry brain-work is essentially and inherently healthy. Brain-workers have less worry and more positive comfort and happiness than muscle-workers. Brain-workers live under better sanitary conditions than muscle-workers. The nervous temperament, which usually predominates in brain-workers, is antagonistic to fatal acute inflammatory disease and favorable to long life. Brain-workers can adapt their labor to their moods and hours.—*Beard.*

—Ptolemy Philadelphus gave Cleombrotus, a professor of medicine at Alexandria, seventy-five thousand dollars for curing King Antiochus of a dangerous malady. The State of South Carolina pays a very competent and estimable physician fifty-two cents a head for treating thirteen hundred and eighty-three cases among the convicts of her penitentiary, and requires him to furnish his own conveyance and driver. The same State pays a lawyer five hundred dollars to go into an adjoining county and look into a faulty bill of indictment. Other States are much the same.—*Detroit Lancet.*

—A prominent photographer of this city states that in all his experience he has never had such a rush for the portraits of any one public individual as he has had for those of Dr. D. Hayes Agnew, the surgeon to President Garfield. The photographer sent a number of the doctor's photographs to the White House, for presentation to Mrs. Garfield and the members of the Cabinet and Presidential household. In reply, he received an eloquent letter of thanks from Private Secretary Brown, in which he stated that he had at least one hundred and fifty applicants for the pictures after they had all been distributed. He also added that Mrs. Garfield had the most implicit confidence in Dr. Agnew, and relied greatly upon his skill and judgment, and that he was a general favorite about the White House.—*Med. Bulletin.*

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HYDROLEINE OR HYDRATED OIL

AS A

THERAPEUTIC AGENT IN WASTING DISEASES.

By W. H. BENTLEY, M.D., LL.D.,

VALLEY OAK, KY.

In October, 1880, I read an advertisement of Hydroleine in some medical journal. The formula being given, I was somewhat favorably impressed, and requested the two pamphlets that the advertiser, Mr. William F. Kidder, of 83 John street, New York, proposed to send: one on "The Digestion and Assimilation of Fats in the Human Body," and the other on "The Effects of Hydrated Oils in Consumption and Wasting Diseases." In due time I received the pamphlets. They are ably written, and afforded an interesting study. Their doctrines are so reasonable that I got up faith enough to have my druggist order a sufficient supply to thoroughly test the merits of the preparation.

I was ready to catch at anything to take the place of cod-liver oil. In my hands it has proved an utter and abominable failure in ninety-five per cent. of all my cases in which I have prescribed it since I have been engaged in country practice, and it never benefited more than forty per cent. of my city patients.

The inland people, who seldom eat fish, can rarely digest cod-liver oil. Almost every week I am consulted by some victim of the *cod-oil mania*, who has swallowed the contents of from one to twenty-five bottles, and who has been growing leaner, paler and weaker all the while, until, from a state of only slight indisposition, these patients have become mere "living skeletons." Nearly all complain of rancid eructations, and an unbearable fishy taste in their mouths from one dose to another. They not only fail to digest the cod-oil, but this failure overloads the digestive organs to such an extent that digestion and assimilation of all food becomes an impossibility, the patient languishes and pines, and finally dies of *literal starvation*. In the comparatively small number with whom I have found cod-liver oil to agree, it has proved very gratifying in its results. In my practice, by far the largest number receiving benefit from it have been children. Those who have, previous to their illness, been accustomed, to some extent, to a "fish diet," will be more likely to digest the oil, and more notably so in cold climates. Still, the innumerable efforts that have been made in the shape of "pure cod-liver oil," "palatable cod-liver oil," "cod-liver oil with pepsin," "cod-liver oil with pancreatin," "cod-liver oil emulsions," etc., and so on, *ad infinitum*, attest the fact that the great *desideratum*, after all, is to render cod-liver oil capable of retention by the stomach, and digestible when it is retained.

As Hydroleine is partially digested oil, and this partial digestion is brought about by a combination of factors suggested by actual physiological experiments, these facts commend it to my confidence, and a trial of the preparation in seven typical cases convinces me that it possesses a high degree of merit, and I feel that it is a duty incumbent upon me to call the attention of my medical brethren to the subject.

The first case in which I prescribed it was that of a married lady, twenty-eight years of age, a blonde, and the mother of four children, the eldest nine and the youngest one year old. From the birth of this last child she dated her illness, for she made a tardy convalescence, remaining unable to walk for a month. Soon after she began to grow weaker, and soon resumed her bed, which she had not left to any extent since, not at any time being able to sit up longer than fifteen or twenty minutes. During all this time she was under charge of a skillful physician. He had tried many remedies to check the rapid emaciation; among these were several different brands of malt extract, cod-liver oil, and various mixtures of the oil. None of the oils and their mixtures agreed with her. In March I was called and prescribed Hydroleine, a bottle of which I delivered at the time, directing her to commence with teaspoonful doses, to be gradually increased to twice the amount. It agreed with her finely, and by the time the first bottle was used she was greatly improved. She procured and used two additional bottles, and at this writing, June 15th, she is considered well.

The above case was one of general and persisting emaciation, unaccompanied by any cough or perceptible thoracic trouble. The ensuing case was one of diagnosed

TUBERCULAR PHTHISIS.

The patient, a married lady, æt. thirty-two, had been married about fourteen years, and was the mother of six children, the youngest two years of age. Several of her sisters had died of the above-mentioned disease. Her medical adviser prescribed cod-liver oil, and she had taken a full dozen of bottles, with plenty of whisky. The oil had not been digested, although it had been retained by the stomach. Her cough had grown constantly worse, and she grew rapidly weaker, week by week. I prescribed Hydroleine for her, and she commenced to take it in April, about the 15th. It agreed with her finely. She rapidly gained weight and strength; her cough was relieved and has now nearly ceased. She has used nearly four bottles, and continues to use it, though apparently well.

I have prescribed it in three other cases, in two of which the results have been equally gratifying, but in the other case it produced nausea and greasy eructations.

From these trials I am led to think quite favorably of the hydrated oil, and I am led to believe that, although it may not agree with all, it will be found of great and permanent benefit to a very large per cent. of consumption and other "wasting" diseases, and that it is destined, at no distant day, to very largely supplant the undigested oils.

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UNIVERSITY HOSPITAL.

A CLINIC OF DR. LOUIS A. DUHRING,

Professor of Diseases of the Skin.

REPORTED BY HENRY WILE, M.D.

PURPURA SIMPLEX.

A man about thirty-five years old states that he never had any skin disease until the present one made its appearance, which happened about four years ago. The eruption since that time, according to his statement, has disappeared and reappeared, being better and worse from time to time, and better in summer than in winter.

The lesions are in the form of an efflorescence occurring symmetrically, and spread over the backs of the feet, the legs, and the posterior surfaces of the thighs, even extending back upon the buttocks, which is unusual. They consist of variously sized patches, discrete and confluent, of a dusky-brown color where the patches are old, but where they are more recent, of a reddish hue. In form, some of the lesions are round and oval, but for the most part, they are irregularly shaped, and are sharply defined.

What is peculiar, and especially characteristic, is that the eruption does not disappear on pressure. The lesions on the feet and some on the thighs seem, from their bright red color, to be quite recent. About the ankle the epidermis is roughened and is somewhat exfoliated.

It is very evident that we have here to deal with a hemorrhage, which is situated in the corium. The spots are all on a level with the healthy skin, and are not perceived by the touch. The diagnosis is simple; yet such a case may be perplexing, for the lesions are situated somewhat peculiarly, some being found upon the buttocks. The appearance on the thigh is very striking and quite unusual. The lesions, which are bright red, are due to recent extravasation, and are arranged in lines, which is the result of scratching, for the disease is sometimes accompanied by itching.

The process of recovery is slow, and where the blood thus extravasates into the surrounding tissue, it is slow in being absorbed, and the deposit undergoes many changes which gives rise to variation of color.

The treatment of the disease should be carried on with discretion, and as the present patient is a laborer, and obliged to work hard, it will be neces-

sary first to order a nutritious diet, and then administer tonics to build up a broken-down system. We have some remedies which act on the disease; one of the most successful of these is ergot. I will, therefore, order the patient to take half a teaspoonful of the fluid extract of ergot, properly diluted three times a day. This remedy usually acts promptly, and we may expect to see improvement in a week's time. Our prognosis is favorable, although relapses may occur.

HYPERIDROSIS OF THE FEET.

A boy about twelve years of age comes to us for advice respecting a very troublesome disorder. He states that it has now existed for about four months, during which time, whenever he ran about or exerted himself in any way, the flow of sweat would be so abundant about his feet as to require him to change his stockings frequently, also making his feet so tender that he was unable to stand upon them. The cause of this is obvious; the skin being kept wept, the epidermis became soaked, and macerating, peeled off, leaving the tender structures of the skin exposed.

Hyperidrosis of the soles is a common affection, but the treatment is often difficult. We should, therefore, never be too confident about the success of any one remedy, as it is often annoying to find out that the expected relief does not come. The prognosis should also be guarded, as the disease is often very obstinate.

The treatment in this case will consist in the local application of lotions, which, I think, yield more satisfaction than ointments. One of our very best remedies is belladonna in the form of the tincture. It should not be used too strong at first, and in this case I will advise one teaspoonful in one ounce of water, increasing to full strength.

PSORIASIS.

A man forty-two years old, a native of England, and a blacksmith by occupation. He states that he was frequently troubled with dyspepsia, but the bowels were always regular, and that he never had any eruption of the skin until about a year ago, when the present skin disease made its appearance. It first manifested itself upon the soles of the feet, beginning with burning and itching. It spread over the entire soles of his feet, and between the toes. The feet soon began to swell considerably, the burning and itching still continuing, and the

toe nails fell off. In a week after the disease appeared upon the feet, lesions came out upon the palms of the hands. These also soon became swollen and inflamed. A little later a patch came out on the forehead, and the scalp soon after became involved, and within three weeks patches began to appear on the body and limbs. He states that of late he has had chills and sweats, and also appears to be losing flesh.

The lesions are, as you see, characterized by a marked inflammation, extending over the lower extremities, upon the trunk, and upon the forearms and hands. The hands are deeply fissured and covered with whitish and yellowish scales, which are constantly being shed. Coming up to the forearm, the lesions are more discrete, about the size of a split pea, slightly elevated, and covered with abundant yellowish lamellated scales, which can be picked off. Beneath the scales the skin is highly inflamed. The scales are peculiar to this disease, and on the trunk where the lesions are more discrete, and thus more recent, they are especially characteristic. The lesions on the trunk, as usual, are much paler than those upon the hand. On the right side of the chest is seen a typical eruption of psoriasis, consisting of slightly elevated split-pea-sized confluent spots, covered with silvery scales. The lower extremities are affected just as the upper, and present the same peculiarities. The nails are markedly affected.

The diagnosis is easy. In the treatment the first thing is to employ measures to free the skin from the scales which collect more or less rapidly upon the surface. I would, therefore, advise the patient to take a bath every day, remaining in the bath half an hour, and rubbing the parts well with *sapo viridis*—after which to anoint the affected parts freely with olive oil. Internally, I will prescribe the following, which sometimes proves valuable in cases such as the present:—

R. Liq. potassæ, fʒ ss.
Sig.—Ten drops freely diluted after each meal.

The prognosis should be guarded. It usually requires months to effect a complete cure, and relapses are very liable to occur.

SCABIES.

A boy twelve years of age presents a papular and vesico-papular eruption over the anterior surface of the trunk, shoulders, arms, forearms, hands,

and also on the thighs and penis. About the hands it consists of pustules and vesico-pustules, and there are also some excoriations and fissures. The disease has existed about one month, and is a clear case of scabies. Carefully examining the parts around the knuckles of the hand, small burrows may be seen, which are eminently characteristic. If, however, the lesions are not recent, these burrows are for the most part destroyed by scratching. The distribution of the eruption is also very characteristic, it beginning usually upon the fingers where they are joined to the hand, about the penis and buttocks, then extending in all directions. The appearance of crusts, fissures, excoriations, etc., are all secondary, and are due to scratching on the part of the patient. The subjective symptom is mainly itching, which is constant and annoying.

Scabies is a highly contagious parasitic disease, due to the presence of the *sarcoptes scabiei*, and if recognized, the treatment is highly satisfactory. The treatment is simple, and entirely local. I would recommend sulphur in the form of an ointment, not the officinal sulphur ointment, but one which is weaker, as the following:—

R. Sulphuris præcipitati, ʒj
Adipis, ʒj. M.
Ft. unguentum.

Sig.—Apply morning and night thoroughly.

The patient will also be advised to bathe frequently, and to use soft soap; not more than six applications will be necessary. If the secondary lesions be extensive, they will require longer and different treatment, in the form of a milder ointment.

ECZEMA OF THE ANUS.

A man sixty years of age presents, as you see, a very angry-looking lesion about the anus. The parts exhibit a raw surface, much inflamed and thickened, of a bright red color, and covered with some fluid exudation. External hemorrhoids are also present. The subjective symptoms are almost constant and exceedingly annoying—such as burning and itching. They are worse at night, and are often so severe as to keep the patient awake. This patient states that he has been kept awake for several nights in succession, and that his general health is being undermined. As for treatment, I would first direct the part to be treated with black wash diluted one-half, after which zinc

ointment, which should be kept up for three or four days. Later, a tarry ointment may be ordered.

As the bowels are constipated, I would first prescribe some saline cathartic, such, for example as magnesium sulphate, ʒ iss; bitartrate of potassium, gr. xx, in a tumblerful of water, before breakfast. The bowels should be kept on the verge of purgation for a week, after which, arsenious acid, grain one-thirtieth; reduced iron, grain one; will be prescribed.

EMPHYSEMA OF THE LUNG AND ITS ATTACKS OF ASTHMA.

Clinical Lecture delivered at the Medico-Chirurgical College of Phila.

BY HUGO ENGEL, A.M., M.D.,

Professor of the Principles and Practice of Medicine, and of Clinical Medicine, etc.

[In our last issue, by an oversight in proof reading, on page 164, fifteenth line from the bottom, we said "*marble-plated*;" it should have been "*nickel-plated*."]]

GENTLEMEN:—You see here before you three men of almost exactly the same age, of whom one seems to be in perfect health, and the second to have only a mild catarrh of the Schneiderian mucous membrane, while the third is evidently laboring under a very great difficulty of breathing. The first two gentlemen are private patients of mine, for whom I sent, when I saw the third patient in the waiting-room to-day. I am very thankful to them for coming here at my request, as they give me the opportunity, while showing on the third case the full development of a rather frequent and, on account of the great suffering and the danger to life it induces, very important disease, to illustrate on them the good effect of a long-continued medical treatment, and what may be achieved from a steady perseverance in it by both physician and patient. Before explaining the malady and its treatment, I shall first give you the clinical history of each patient, as it will be very instructive, by showing you the usual course of the complaint.

Mr. Peter Sp— is thirty-five years old, and by occupation a printer. His parents are both alive and well, and none of the family ever died of consumption. He has three brothers, two younger

and one older than himself, and all enjoy the most vigorous health. Mr. Peter Sp— himself, feels now strong and hearty. He does not remember to have had any ailment whatever confining him to bed till he was twenty-three years of age. At that time, now about twelve years ago, he was foreman of a printing establishment in Chicago. The presses were stationed in a large cellar, frequently containing water, which unhealthy condition of the place seemed, however, to have no special influence on his constitution until in the spring of 1869, when one day there was so much water in the cellar that he had to stand in it half way up to the knees for several hours, working at the presses. The same night he was attacked with fever, a feeling of tightness in his chest, and a dry, painful cough. Notwithstanding his immediately sending for a physician (a homœopath), he continued to get worse; he could hardly breathe, and expectorated, with difficulty, a stringy mucus, streaked with blood. From what he says, I judge that he had a severe attack of acute bronchitis, which must have been not well attended to, as the condition described continued, according to his statement, for about a month. Then the cough and the tightness would occasionally be better in daytime, but as soon as the night drew near, the difficulty in breathing greatly increased. It seemed to him that he could not get the air out of his chest, and his respiration was accompanied by a loud, wheezing noise, very similar to the one we hear just now from our third patient, Mr. Frederic H. Mr. Sp.'s lips and finger-nails used to become blue, and only towards morning he felt a little relieved. Sometimes he was in this miserable condition a whole week and longer; then the respiration became easier, and free expectoration took place for some days, when the asthma—then this it was—returned. For eight months Mr. Sp. was confined to his bed, suffering during all this time more or less from the symptoms described; and when he at last arose from his bed there was still a dry cough left. What took place after that? For the next seven years Mr. Sp. was only able to work steadily for about two months, when suddenly, beginning with a slight catarrh of the nose and a little cough,—similar symptoms as our second patient, Mr. George A., now has—and which would last from two to twelve hours, the asthma

again attacked him and kept him confined to bed for about two months. Then returning to his work, he was again able to continue at it steadily for only two months, sometimes a week, more or less, when invariably the same attack reappeared, laying him again for about two months on his back. Imagine, gentlemen, this poor man, with a wife and child to support, and with nothing to live on except what he earned when working, to continue in this condition for seven whole years! Though a very skillful mechanic, and always, even when still comparatively very young, commanding the position as foreman in the largest printing establishments, he was continuously, every two months, without any fault of his own, thrown out of position, to be laid up in bed for about the same length of time; then he had to look out anew for work, with the certainty of having to give it up again within a few months; that must have been a pitiable condition, indeed! Trying a change of climate, to see if this perhaps might be of any benefit to him, but without the least success, he came at last, after seven years of suffering, to Philadelphia, where, hardly arrived, the attack returned with greater severity than ever. Now, gentlemen, let me tell you one thing, which will explain a great deal to you—until then he always had had a homœopath as physician! Here in this city Dr. Knerr, a homœopath, and the late Dr. Hering, who was considered a great Hahnemann light, attended him; and after Mr. Sp. had suffered for over five weeks from this asthma, the same day when I saw the patient the first time, now about five years ago, this Dr. Hering had the impudence to tell him, "I could easily enough free you of your difficulty of breathing, but this is not my intention; I am trying to eradicate the disease." And there the patient sat in his bed, his head and chest bent forward, breathing with the utmost difficulty, his wheezing heard all over the room—in a word, in a pitiful condition, in which he had then been continuously for over five weeks! Gentlemen, I would have sued such a physician for malpractice! Within a few hours after I had arrived his asthma ceased, and a few days later he left his bed, and in a little over a week his room. Had I known at that time what I learned shortly afterwards, I would have relieved him within ten minutes of his difficulty in breath-

ing! Since then he has been my patient. The first year he had three, the second, two attacks of asthma, each confining him, on account of the bronchitis, to bed for about five days; the third year he had one, keeping him in his bed two days; and since then, now over two years, he has never lost one day's work on account of sickness, though he has, about once or twice every year, a slight catarrh, accompanied occasionally by slight wheezing, but this lasts only a few hours. At present the patient is in almost perfect health, and only the fact of his respiration being a little feeble, as heard on auscultation, reminds me of his former disease. Another very remarkable point is, that his heart has suffered no damage.

Let us now hear the history of Mr. George A—, who has at present a slight catarrh. The gentleman is thirty-seven years old. His father died of consumption, his mother in childbed. He has one brother, who, when young, was affected with Pott's disease of the spine, and has now a considerable curvature of the vertebral column. From his earliest youth Mr. A— was always very susceptible to catarrh, and at least six times every year he used to cough for about a week or two, which cough was accompanied by some shortness of breath and slight wheezing in his chest; but eight years ago he contracted a severe cold, in consequence of which he was attacked by asthma, which continued for nearly three weeks, and then returned about five times every year for the following three years, each seizure lasting always about the same length of time. All this while he was attended by a homœopath. Five years ago, at nearly the same time with my former patient, he came under my charge. His asthmatic attacks ceased soon, and he now has, about twice a year, only a slight cold, as at present, which is accompanied by a mild catarrh of the Schneiderian mucous membrane and a few sonorous râles, indicating a slight bronchitis. This usually leaves him within from five to eight days. There is never any difficulty of breathing present. On percussion the sound over the lungs is a little more tympanatic than it should be, and on auscultation I hear a somewhat feeble respiration and a few râles. Since the patient has been under my care he has gained in weight nearly thirty pounds, and is now enjoying the best of health. I forgot to

add, that he keeps a segar store, and is a segar-maker by trade; a fact which explains to you, why, notwithstanding immediate attention, his mild bronchitis always lasts about a week, the constant inhalation of the fine tobacco dust keeping up the irritation; while in the case of Mr. Sp—, where such a cause does not exist, the same affection can be removed within a day or two.

This patient, gentlemen, Mr. Frederic H—, is thirty-five years old, and a harness-maker by trade. He is at present laboring under a severe attack of asthma. This is a typical case, and you will always be able to recognize such a seizure after having seen this. Look at his florid face, injected eyes, blue lips and blue finger nails. Listen to the peculiar wheezing noise, and observe how embarrassed, especially his respiration is! We shall have him take his under clothing off, so that you may inspect his bare chest. What does now strike you as peculiar? The barrel-shape of the chest and the fullness of the interspaces, which do not recede during expiration as they normally should. I now percuss the region over the lungs, and you can hear a clear tympanitic sound. A few gentlemen may step forward and auscultate the patient's lungs. You hear all over the chest the same wheezing noise, as if air was being driven forcibly through narrowed tubes, which in reality is the case. But we shall not let the patient suffer any longer. The fluid in this hypodermic syringe contains, in solution, exactly one-third of a grain of morphia. I shall inject this under the skin in the axillary line over the tenth rib, and now allowing the patient to dress himself again, I will give you his history in a few words. It is almost the same as in the last case. Several of his near relations have died of consumption, and he lost one brother by this disease only two years ago. Mr. H— was always very susceptible to bronchial catarrh, and suffered on the slightest exposure to cold, from a more or less severe cough, which it usually took him several weeks to get rid of. As he grew older these catarrhs became more frequent, lasted longer, and were accompanied by difficulty of breathing. Gradually asthma developed itself, and reached at last the severity you noticed in his present attack. But, gentlemen, to interrupt his history for a moment, look now at

the patient! It is only four minutes since I gave him the hypodermic injection of morphia, and note the effect! His face looks natural, the normal color has returned to his lips and nails, the breathing is almost easy, and you hear no more wheezing. The expression of his face shows that he is astonished himself, and you hear him telling me that he never had been relieved so rapidly. He says that he feels a little sleepy, and I think we had better send him home with one of the assistants of my clinic, who will take further charge of him. At the same time we may now let the other two gentlemen go, who were so kind as to come here.

You have heard now the history of the three cases which I brought before you to-day. What was their disease? Asthma, due to emphysema of the lungs. And how did the latter develop itself? I will answer this question as follows: Emphysema of the lungs consists of a dilatation of the air vesicles. The walls of the latter lose their normal elasticity and become dilated, so that they contain more air than they should do, because they have lost to a great extent their power to contract, and cannot assist any more in expelling the air. To produce this condition, degeneration of the walls must take place. The disease is mostly hereditary, and it is a remarkable fact, that in a family with a strong tubercular tendency, those members who escape the hereditary taint mentioned, will generally become affected with emphysema of the lungs. It is so exceedingly rare for tuberculosis to develop in an emphysematous lung, that it is considered a certain fact, that in a tubercular family those who suffer from asthmatic attacks due to emphysema, have escaped tubercular phthisis. There are exceptions to this rule, but they are rare. You must not confound, however, the general emphysema I now speak of with the local emphysematous condition which, in a phthisical lung, surrounds sometimes the tubercular deposit. Emphysema of the lung, if not inherited, may be acquired. While we had the first kind in our last two cases, the first patient, Mr. Sp—, was a type of the second form. He was free from the tubercular taint, which does not exist in his family, but he contracted a severe bronchitis, which, under bad management, after months of existence, brought about a permanent dilatation of the air-

cells. Now, all patients who have emphysema of the lungs are exceedingly susceptible to catarrhal inflammation of the bronchial tubes; in fact, they have almost constantly a chronic bronchitis, which the slightest exposure to cold changes into the acute form. But this is not all. There is a special nervous element connected with each new attack of acute bronchitis, an element which creates a spasm of the finer bronchial tubes, so that the patient has great difficulty in getting the air out of his lungs—in a word, he has asthma. I give the following theory in explanation: The air-vesicles of an emphysematous lung contain, normally, more air than those of healthy lung tissue. The mucous membrane of the bronchial tubes, already in a state of chronic inflammation, extending to the finer tubes, swells rapidly as soon as an acute attack supervenes, in consequence of which swelling the air finds still greater difficulty in making its exit; and so the volume of air in the air-vesicles is still more increased, and this increase is steadily augmented as the acute inflammation progresses. The too large quantity of air in the vesicles irritates the fibres of the pneumogastric nerve, and the centre in the restiform bodies of the medulla oblongata responds with a spasm of the fine expiratory muscular fibres of the smaller bronchial tubes, which spasm increases in severity with the increase of the irritation, the latter augmenting in the same ratio as the acute inflammation progresses. This spasm, contracting the calibre of the finer and middle-sized bronchial tubes, naturally makes matters worse, as it acts during expiration and intensifies the already existing difficulty the air has in getting out, so that another factor, the contraction of the bronchial tubes, being added to the two other factors already present (the swelling of the mucous membrane, and the dilatation of the air-vesicles), more and more augments the volume of the air in the lung. This all culminates in the steadily increasing asthmatic attack, and explains also the fact, that the emphysema becomes more developed after each such seizure.

Having given you the pathology of the disease and the theory of the asthmatic attack, I will now, before entering upon the question of treatment, add a few words as regards the diagnosis of em-

physema. The recognition of the asthmatic seizure presents, as I have shown to you, no difficulty. The blue color of the lips and nails, the peculiar physiognomy and respiration of the patient suffering from asthma, the great difficulty in expiration, and the loud wheezing accompanying the breathing, you can never fail to recognize again after you have once seen a case. And as regards the physical diagnosis of emphysema, you only need to remember the pathology to know all about the former. The air-vesicles being dilated, the lung must necessarily be larger and more expanded than in the normal state. This influences the form of the chest, which becomes barrel-shaped, the interspaces are fuller and do not sink in during expiration as much as in the healthy condition. Further, as the lung contains so much air, the sound elicited over it by percussion is clearer, and tympanitic in character. And if you remember that the normal vesicular murmur of a healthy lung is produced by the resistance the slowly expanding air-cells offer to the entrance of air, you can well imagine what you will hear on auscultating an emphysematous lung. There being no such resistance, and the air making also slower its exit, the bronchial element will predominate and you will hear a bronchial inspiration and a weak expiration, together technically called a feeble respiration. And as there is present in emphysema, nearly always, more or less bronchitis, you will be apt to perceive some sonorous and moist râles.

Now, gentlemen, let us come to the treatment. We will divide the same into two parts, the treatment of the asthmatic attack and the radical treatment of the emphysema. Gentlemen, there is only one method of treatment which will stop the asthmatic seizure almost instantaneously, as you have seen in the case of Mr. H., and that is the hypodermic injection of one-third to one-half of a grain of sulphate of morphia. If you do not get the desired result within, at least, fifteen minutes, the dose was too small and has to be repeated. Many other plans of treatment have been recommended, but none can be compared, as regards rapidity of effect, with the hypodermic injection of morphia, which is employed whenever the attack returns, the earlier the better. Besides, I advise you to give the following mixture,

R. Potassii iodidi, ʒ ss
Tincturæ lobeliæ, f ʒ j
Tinct. opii deodorat., f ʒ iss
Aquæ destillatæ, f ʒ iv
Syrup. pruni Virgin., q. s. ad f ʒ vj. M.

SIG.—Two teaspoonfuls in half a tumbler of water every three hours.

as long as you hear on auscultation any wheezing. With the disappearance of the latter you will omit the lobelia from the mixture; return the tincture of opium to half a drachm, and give the medicine as it then is, only three times daily, at first two teaspoonfuls, and later gradually increasing the dose to three. This you continue for about a year, only omitting the medicine every six weeks, for one week.

While the patient is under this treatment, you advise him to come to you the moment he feels the slightest acute catarrh beginning again. This generally shows itself by sneezing, a thin mucous discharge from the nose, slight sore throat and a dry cough, accompanied, perhaps, by a feeling of tightness in the chest and a few wheezing sounds, heard on auscultation only. You now have the patient dry-cupped all over the chest, give him the first mixture with the lobelia again every three hours, and order him to take the following powder at night:—

R. Morphiæ sulphatis, gr. ss—j
Quiniæ sulphat., gr. x M.
Ft. pulvis.

SIG.—To be taken at once.

The dose of the morphia depends upon the fact how near the patient seems to be to an attack of asthma, and how well you know him. Here experience must guide you in every individual case. The next day, you can reduce the frequency of the dose of the mixture, giving it, say every four hours, the day following three times daily, and then you may omit it and return to the plain iodide of potash mixture. The powder I generally continue from four to six nights, decreasing every night the dose of the morphia as well as of the quinia, so that the patient takes the fourth or sixth night only about one-eighth of a grain of morphia and one grain of quinia. Should a little cough remain, then you will obtain the best success with an expectorant, as for instance:—

R. Ammon. muriatis, ʒ vj
Mist. glycyrrhizæ comp., f ʒ vj. M.

SIG.—Two teaspoonfuls in water every two hours. to be taken till your patient is rid of the cough.

With the gradual disappearance of the latter you reduce the frequency of the dose, giving it at last only three times daily.

Every time the patient is affected again by an acute catarrh, you treat him exactly the same way, and you will find that you will invariably prevent the return of the asthma. If the patient calls you too late, then you adopt the method recommended for the attack. But to cure these patients of their susceptibility to catarrh, you have to do more than cutting short each attack. You advise the patient to take Turkish baths, the first month, if possible, every second day, then twice a week, and at last once a week only. You manage therefore your patient during the first year in the following way:—

He takes regularly his iodide of potash mixture and the Turkish baths, and whenever he contracts a fresh cold, you subject him immediately to dry-cupping and the whole treatment recommended. Should he, notwithstanding your caution, be attacked by asthma again, then you treat that as described.

After in this way a year has passed, you will notice two things: first, your patient will get no asthma any more, and secondly, the intervals between fresh outbreaks of acute catarrh have become greater and greater, and when the latter happen, they are far easier controlled. In the second year you drop the iodide of potash mixture; let him take a Turkish bath occasionally, and use the dry cups only when you judge from certain signs, as wheezing, etc., that a severe catarrh may produce the asthma again. In the second year, therefore, the patient ceases his regular visits to you. He is instructed, however, to come the moment he gets a catarrh. But twice in that year, best in the spring and in the autumn, he must come to you, for about six weeks, every week once, when you will give him the following prescription:—

R. Extract. gentianæ, gr. ss
Extr. nucis vomicæ, gr. ʒ
Ferri redacti, gr. j. M.
c. Glycerin., etc., ut f. pilula. Dentur tales. No. xxiv.
SIG.—One pill three times daily, one hour after meals.

When the pills have all been taken, you write the same prescription again, but adding each time half a grain of the iron. This you continue, as I said, for six weeks, when you discharge your patient. After the patient has been two years under

your attendance, he will only seldom have need of you; you may advise him to call on you once a year, to be put on a course of iron, and otherwise to come whenever he has catarrh, which may happen once or twice a year.

Gentlemen, in what condition now is at last your patient. Have you totally cured him? No; you got him rid of his asthmatic seizures, you have prevented any attack of acute bronchitis ever becoming fully developed, you took away to a great extent his susceptibility to catarrh, and even improved decidedly the elasticity of the air-cells, as his respiratory murmur proves; but the physical examination convinces you that there is still emphysema, though in a much less degree, but it is there. If the patient is cautious, he may, as years go by, lose perhaps all traces of the former complaint; but I must tell you that if my two private patients, brought before you to-day, should in their present condition ever neglect an attack of acute bronchitis, their asthma would reappear. But how great the relief and the benefit is that the patient derives from such a treatment you can see especially in our first case, Mr. Sp. Remember his sufferings for seven years, and compare them with his present condition! And you have done more for such a patient than simply freed him of his suffering; because, if his disease had been allowed to progress, hypertrophy of the heart, followed by dilatation of the organ, would have at last developed itself; and that the latter is invariably fatal, you will know from some of my former clinical lectures.

In conclusion, I must admit to you that there exists a still more rapidly successful treatment for the radical cure of emphysema, and that is the treatment by inhalation of compressed air, for which purpose Prof. Waldenburg constructed a special apparatus. But the latter (costing about \$150), is too expensive to be kept by every practicing physician, who may get a case of emphysema of the lungs under his charge perhaps only once or twice a year; and besides, gentlemen, I have yet to see the first case in which the treatment with compressed air, had produced a better or more permanent result than I gained by the medical treatment described. And no compressed air, and nothing else, will so speedily remove an attack of asthma as the treatment I recommended

to you, and the effect of which you had yourselves the opportunity to-day of observing on our third patient.

WRITER'S CRAMP.—This and allied defects from overuse of certain muscles, are more successfully treated by galvanism than by any other means. With galvanism must be conjoined rest and systematic gymnastic training. Indeed, without rest, no improvement can take place in the condition of the affected muscles. The state of the muscles in writer's cramp varies in different cases. There may be cramps of the muscles concerned in the prehension of the pen; there may be a condition of fatigue and exhaustion, or some of the muscles may be paretic. Some of the cases are local and muscular; some are local and nervous, and a small proportion have their origin in intra-cranial lesions, in changes in the motor and coördinating centres. It is obvious that the treatment must be adapted to the conditions present. As most of the cases are due to muscular fatigue and cramps, the most appropriate remedy is galvanism, but this must be conjoined with rest, massage and gymnastics. The anode should be placed over the cervical plexus, and the cathode brushed over the muscular groups in turn, from the shoulders down. If the defect is confined to the thumb and finger muscles, to the thenar group, the interossei, and flexors of the fingers, the applications should rather be confined to those parts and consist in the descending labile current. If the lesion consists in relaxation, paresis and degeneration of any of the muscles, faradism may then be employed with advantage. Duchenne's electrodes are best adapted to cases requiring application to individual muscles. Those affected must be selected out, and a current of strength necessary to induce contractions merely, passed through them. Under no circumstances ought the muscles be tired, either by the strength or duration of the applications. Treated in accordance with these principles, recent cases of writer's cramp may be cured or ameliorated. —*Bartholow's Medical Electricity. Maryland Med. Jour., June 1st. Braithwaite's Retrospect.*

A UNIVERSAL ANTIDOTE.—An Italian physician has recommended the iodide of starch as an antidote for poisons in general. It can be administered in large doses, and is above all efficacious in poisoning by sulphuretted hydrogen, by the alkalies and the alkaline sulphides, and principally by the alkaloids with which iodide forms an insoluble compound. It aids the elimination of the salts of lead and mercury. In cases of acute poisoning an emetic must be administered before the iodide of starch.—*Can. Jour. Med. Science, from La France Med.*

The American Specialist.

COMMUNICATIONS for the Editorial Department of this Journal, Books for Review, etc., should be addressed to the Editor, care of the Publisher.

ORIGINAL ARTICLES AND TRANSLATIONS published in the American Specialist will be paid for.

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PRESLEY BLAKISTON,

1012 Walnut Street, Philadelphia.

PHILADELPHIA, DECEMBER 1, 1881.

AMERICAN PHYSICIANS.

Professor D. Hayes Agnew, of this city, received a cablegram from the editor of the London *Lancet*, for which he had to pay some dollars, and which contained a brief and curt request from the said editor that the distinguished professor should furnish him at once a full report of the case of President Garfield for publication in the *Lancet*. This telegram furnishes food for much reflection. The editor, no doubt, considered that Dr. Agnew would feel highly flattered at being requested to write for the London *Lancet*. It is a fact that the medical profession of Europe as a whole, look down upon the medical profession of the United States, as a whole. But recently we had occasion, in the AMERICAN SPECIALIST, to criticise and correct a most unkind and untrue statement concerning American specialists which appeared in the London *Specialist*. In our columns of Miscellany we furnish this month an interesting little statement of the proportion of physicians to every ten thousand inhabitants in the principal countries of Europe and the United States. By reference to it we find that in the United States the proportion is nearly eight times as great as in France, and more than twice and a half as great as in England. This fact accounts for the low estimate of the American medical profession entertained by Europe. It demonstrates how easy it is for a man

to become a physician in our country. We have in our ranks men who are fully equal and even superior to the brightest medical lights of Europe; but we have also unfortunately so many, so very many, who are absolutely inferior, that to the general public and the universal mind they overshadow the excellent ones. This unfortunate condition is primarily due to our medical colleges. The system of medical education in our country outside of a few leading and well known institutions, is so absolutely miserable, that its outgrowth of physicians is a positive disgrace. We are young, our country is great, but like a great, big, overgrown boy, it is uncouth, and unrefined, and in no class is this more apparent than in the medical profession. Let us hope that medical education, after a time, in this country, may be so regulated by acts of Congress, that each college shall be fully equal to its neighbor, so that when a man receives a diploma from any regularly chartered college, no matter where located, it may be absolute proof that he is, beyond question, a thoroughly competent, refined, gentlemanly physician.

ADVICE.

The Chicago *Medical Review*, in its issue of November 5th, 1881, on the very first page, contains some editorial matter which is headed, *Guiteau's Insanity*. The *Review* claims that it was "the first journal to assert the insanity of the President's assassin," and in this statement it seems to take much pride. Then for several columns it continues on the subject of the insanity of this worthless wretch; the whole being an ill-judged and intemperate censure of an editorial on the same subject in the *Medical Record*. We are not acquainted with the editors of either of these excellent journals, but we will venture to give some advice. Let Guiteau alone. He has received and will receive all the punishment due him. Let the lawyers wrangle over the question

of his insanity, and let our esteemed contemporaries occupy their columns with medical news, for which purpose they exist, and by doing which they will fulfill their mission. Let the police gazettes and daily press tell us all about Guiteau and other dangerous characters, while our professional journals confine themselves to aiding and elevating our profession. These unseemly squabbles are in bad taste and are irrelevant. Let us all work in harmony for one common end, and cease growling and snapping at each other.

POST-GRADUATE COURSE, UNIVERSITY OF PENNSYLVANIA.

It affords us much pleasure to make mention of the Post-Graduate Course in the University of Pennsylvania which we will do by giving their announcement in full:—

A Post-Graduate Course has been organized for Bedside and Dispensary Instruction in the branches named in this announcement.

Two courses will be given annually. The first course will begin October 31st, 1881. The second course will begin March, 1882.

A certificate will be given to each person taking the course.

For further information apply to the undersigned or any of the lecturers.

DR. EDWARD T. BRUEN, *Sec'y*,
1531 Chestnut Street.

Physical Diagnosis and Clinical Medicine, Prof. Pepper and Dr. Bruen. Nervous Diseases and Electro-Therapeutics, Prof. H. C. Wood. Dermatology, Prof. L. A. Duhring. Otology, Prof. Geo. Strawbridge. Ophthalmology, Dr. S. D. Risley. Gynecology, Dr. B. F. Baer. Laryngoscopy, Dr. C. Seiler.

OUR JOURNAL.

We wish to make our journal a magnet, as it were, to collect and a disbursing agent to dispense new and valuable information on all questions pertaining to special medicine. To further this end we request physicians everywhere to place themselves in communication with us. If you desire information on any special subject, write to us, we will insert your questions and publish replies. If

you make any valuable discoveries do not keep them to yourselves, but give them to the specialists through the columns of the AMERICAN SPECIALIST. There is much valuable information which would be of great benefit to the medical profession, that never sees the light, through the diffidence and bashfulness of physicians who fear that they do not know how to write. Pluck up courage; give us any new points you may have, they will always be welcome.

VOLUME II.

This number completes the second volume of this journal. We return thanks to contributors and subscribers. We shall endeavor in the future, not only to keep the journal up to its standard in the past, but to constantly and steadily advance and improve it. Our desire is to make it the best and most complete collector and disseminator of special medical knowledge in America. In our January issue we will furnish a full and complete index of this volume.

BOOK REVIEWS.

A TREATISE ON THE DISEASES OF INFANCY AND CHILDHOOD. By J. Lewis Smith, M.D., Clinical Professor of Diseases of Children in Bellevue Hospital Medical College, etc., etc. Fifth Edition. Thoroughly Revised. Philadelphia: Henry C. Lea's Son & Co. 1881.

A very valuable work. Dr. Smith in this new edition of his standard and justly celebrated work has added much new material, which makes the book contain all that is worth knowing at the present time about the diseases of infancy and childhood. It is very practical and should be read by every physician.

THE APPLIED ANATOMY OF THE NERVOUS SYSTEM. By Ambrose L. Ranney, A.M., M.D., Adjunct Professor of Anatomy and late Lecturer on the Diseases of the Genito-Urinary Organs and on Minor Surgery in the Medical Department of the University of the City of New York, etc., etc. With numerous illustrations. New York: D. Appleton & Co. 1881.

This is an exceedingly well illustrated work, containing one hundred and seventy-nine well executed plates! It is, as its author states, a study of the nervous system from a standpoint of its general interest and practical utility, designed for use as a text-book and a work of reference. The matter it contains was

first made public in a course of lectures delivered in the University of New York, and the same familiar, colloquial style therein used has been retained in the book, which serves to make it readable as well as instructive.

COULSON ON THE DISEASES OF THE BLADDER AND PROSTATE GLAND. Revised by Walter J. Coulson, F.R.C.S., Surgeon to St. Peter's Hospital for Stone, etc. Sixth Edition. New York: Wm. Wood & Co. 1881.

This volume constitutes the July number of "Wood's Library of Standard Medical Authors, twenty-three years having elapsed since the fifth edition was prepared; this book is so altered and revised as to be practically a new volume.

ARTIFICIAL ANÆSTHESIA AND ANÆSTHETICS. By Henry M. Lyman, A.M., M.D., Professor of Physiology and of Diseases of the Nervous System in Rush Medical College, Chicago, etc. New York: Wm. Wood & Co. 1881.

The September number of Wood's Library. It is a very good resume of existing knowledge on this subject, while it contains little or nothing new; in justice to the candid author we must state that he does not claim originality as one of its merits. It is worth reading. Should this volume go to the second edition, it would be well for the author to devote some space to the important subject of the use of anæsthetics in Bright's disease, which he omits in this volume.

THE THERAPEUTICS OF GYNÆCOLOGY AND OBSTETRICS. Comprising the Medical, Dietetic and Hygienic Treatment of Diseases of Women. Second Edition. Thoroughly Revised and greatly Enlarged. Edited by William B. Atkinson, A.M., M.D., Lecturer on Diseases of Children at the Jefferson Medical College. Philadelphia: D. G. Brinton. 1881.

We must call this book invaluable to the general practitioner. It is really a compilation from all the most eminent authorities on matters pertaining to gynæcology and obstetrics. It is exhaustively indexed, and ought to be on the desk of every physician; it is calculated to relieve many embarrassing situations, when memory fails to recall all that it might. We do most heartily commend it.

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THE PRACTICE OF MEDICINE AND SURGERY APPLIED TO THE DISEASES AND ACCIDENTS INCIDENT TO WOMEN. By W. H. Byford, A.M., M.D., Professor of Gynæcology in the Rush Medical College, Chicago, etc., etc. Third Edition. Thoroughly revised and rewritten, with one hundred and sixty-four illustrations. Philadelphia: Lindsay & Blakiston. 1881.

Dr. Byford is a well known obstetrician and his work is a standard one. It has been for some time out of print; and this new edition is, in consequence, almost a new book. It is only necessary to make mention that this book is again in circulation; it is too well known to need much comment.

THE SCIENCE AND ART OF MIDWIFERY. By William Thompson Lusk, A.M., M.D., Professor of Obstetrics and the Diseases of Women and Children in the Bellevue Hospital Medical College, etc., etc., etc. New York: D. Appleton & Co. 1882.

In our last issue we had occasion to notice a work on midwifery by Dr. Glisan, which came to us from the extreme west. Here comes one from the extreme east. Dr. Glisan in his preface regretted that we had no American text-book on midwifery. It never rains, but it pours. Right on his heels comes one from an eminent authority, a gentleman whose position is guarantee of his ability to produce a good book on this subject.

ECZEMA AND ITS MANAGEMENT. By L. Duncan Bulkley, A.M., M.D., Attending Physician for Skin and Venereal Diseases to the New York Hospital, etc., etc. New York: G. P. Putnam's Sons. 1881. Price \$3.00.

Dr. Bulkley is a well known dermatologist, and his subject is an interesting one. Eczema is oftentimes an apparently trifling, but it is nearly always a very obstinate disease to treat. A personal study of twenty-five hundred cases of the disease has been the basis upon which Dr. Bulkley has founded his work. Every general practitioner should read this book, that he may know how to cure eczema.

ESSENTIALS OF THE PRINCIPLES AND PRACTICE OF MEDICINE. A Handbook for Students and Practitioners. By Henry Hartshorne, A.M., M.D., lately Professor of Hygiene in the University of Pennsylvania. Fifth Edition. Thoroughly revised and improved. Henry C. Lea's Son & Co. 1881.

This book has been so long before the public and is so well known, that it is only necessary for us to mention here the issue of this new edition.

THE MICROSCOPE AND ITS REVELATIONS. By William B. Carpenter, C.B., M.D., LL.D., F.R.S., F.G.S., F.L.S., Corresponding Member of the Institute of France, etc., etc. Sixth Edition. Illustrated by twenty-six plates and five hundred wood engravings. Philadelphia: Presley Blakiston. 1881. Price \$5.50.

This is a splendidly illustrated work containing an immense amount of valuable information concerning

the microscope. Dr. Carpenter is a wonderful man, and the volume before us is the mature production of a wonderful mind.

THE COMPEND OF ANATOMY, FOR USE IN THE DISSECTING ROOM. By John B. Roberts, A.M., M.D., Lecturer on Anatomy and on Operative Surgery in the Philadelphia School of Anatomy, etc. Second Edition. Philadelphia: C. C. Roberts & Co. 1881.

This is a very worthy little book. It is concise, clear and intelligible. Were it illustrated (it contains none), it would be more useful in the dissecting room.

THE HARROGATE WATERS; DATA, CHEMICAL AND THERAPEUTICAL, WITH NOTES ON THE CLIMATE OF HARROGATE. By George Oliver, M.D., London, Member of the Royal College of Physicians of London, etc. London: H. K. Lewis. 1881. Agent for U. S., Presley Blakiston, Philadelphia.

The medicinal springs at Harrogate are the oldest now in use in Great Britain. From the account here given by Dr. Oliver, the water of these springs would seem to possess great therapeutic value; while the town itself offers many attractions as a place of residence. These two points are attested to by the fact that upwards of 60,000 persons annually seek the curative power of the waters. Physicians would do well to read this book, it will aid them to intelligently advise patients going to Europe for health.

BOOKS AND PAMPHLETS RECEIVED.

"A Treatise on the Diseases of Infancy and Childhood." By J. Lewis Smith, M.D. Fifth Edition, thoroughly revised. Philadelphia: Henry C. Lea's Son & Co., 1881.

"The Applied Anatomy of the Nervous System." By Ambrose L. Ranney, A.M., M.D. New York: D. Appleton & Co., 1881.

"Diseases of the Bladder." By Walter J. Coulson, F.R.C.S. New York: William Wood & Co., 1881.

"Artificial Anæsthesia and Anæsthetics." By Henry M. Lyman, A.M., M.D. New York: William Wood & Co., 1881.

"Therapeutics of Gynecology and Obstetrics." Second Edition. Edited by William B. Atkinson, A.M., M.D. Philadelphia: J. G. Brinton, 1881.

"Walsh's Physician's Combined Call-Book and Tablet. Price \$1.50.

"Walsh's Physician's Handy Ledger," a Companion to Walsh's Physician's Combined Call-Book and Tablet. Published by Ralph Walsh, M.D., Washington, D. C. Price \$3.50.

"Practice of Medicine and Surgery Applied to the Diseases and Accidents incident to Women." By W. H. Byford, A.M., M.D. Third Edition. Philadelphia: Lindsay & Blakiston, 1881.

"The Science and Art of Midwifery." By William Thompson Lusk, A.M., M.D. New York: D. Appleton & Co., 1882.

"Eczema and its Management." By L. Duncan Bulkley, A.M., M.D. New York: G. P. Putnam's Sons, 1881. Price \$3.00.

"Essentials of the Principles and Practice of Medicine." A Hand-Book for Students and Practitioners. By Henry Hartshorne, A.M., M.D. Philadelphia: Henry C. Lea's Son & Co., 1881.

"Transactions of the College of Physicians of Philadelphia." Third Series. Vol. v. Printed for the College, and for sale by Lindsay & Blakiston.

"The Microscope and its Revelations." By William B. Carpenter, C.B., M.D., LL.D., F.R.S., F.G.S., F.L.S. Sixth Edition, illustrated by twenty-six plates and five hundred wood engravings. Philadelphia: Presley Blakiston, 1881.

Eighth Annual Report of the Secretary of the State Board of Health of the State of Michigan, for year ending Sept. 30th, 1880.

"The Compend of Anatomy." By John B. Roberts, A.M., M.D. Philadelphia: C. C. Roberts & Co., 1881.

"The Harrogate Waters. Data, Chemical and Therapeutical, with Notes on the Climate of Harrogate." By George Oliver, M.D. London: H. K. Lewis, 1881. Agent for U. S., Presley Blakiston, Philadelphia.

"Malaria—How to Avoid It." By Joseph F. Edwards, M.D. Philadelphia: Presley Blakiston, 1881. Price 75c.

"Ophthalmological Anomalies." A pamphlet by P. D. Keyser, M.D., Philadelphia.

Selections and Abstracts.

THE FOCAL LINES IN ASTIGMATISM.—In the *New York Medical Journal and Obstetrical Review* for November, 1881, Dr. W. C. Ayres, of New York, endeavors to account for the normal astigmatism of the eye. The reason may be found, he suggests, in the fact that we have more frequent occasion to inspect vertical than horizontal lines, owing to their predominance in our surroundings. As to the actual cause of the greater curvature of the vertical meridian of the cornea, he thinks it is due to the method of development of the eye during embryonic life, especially that of the lids. We know that in the beginning there are no lids, and that the cornea is formed of a soft, embryonic tissue, which must be very pliable, from the manner in which it is made to take up its position in front of the lens after it has receded from the ectoderma and entered the cavity of the secondary ocular vesicle. Just after this the lids appear as a small circular ridge entirely behind the cornea, and grow directly outward. Then a tract of epithelium called the lid-suture makes its appearance, which forms from the lid-margins and directs the growth of the lids or pulls them down to the surface of the cornea. This growth takes place principally from above and below, and the substance for the lids, being pulled very close to the cornea, presses upon it and bulges the corneal tissue in such a manner that the curvature must become greater in the vertical than in the horizontal direction. In sections through embryonic eyes he has noticed this distortion, sometimes so great that there was a considerable

change of curvature in the part covered by the advancing lids from that which had not yet been reached by them, even recognizable with the microscope. This method of development is fully adequate, he thinks, to account for the particular change in the corneal curvature. In those cases where the resultant difference has not remained too great, we call the eye emmetropic, but where the pressure has been excessive it, may have produced abnormal astigmatism. Of course other kinds of astigmatism than that usually found, according to this method of viewing the matter, would have to be accounted for by some anomaly in the progress of development, but we find such anomalies frequent enough in the condition of the young lids. This theory, the author remarks, we must take only for what it is worth, but he holds that it is sufficient to account for the constant astigmatism found in all eyes, including those pathologically astigmatic. Referring then to Knapp's mathematical demonstration of the reason why the foci of the vertical and the horizontal meridians are lines (in the former a horizontal, and in the latter a vertical line), he remarks that to the ordinary mind a mathematical demonstration requires to be supplemented by something more striking, and such he proceeds to furnish in the shape of experiments with a diaxial ellipsoid imagined to be cut in turn by various systems of planes.

APHTHONGIA.—This was the name given by Fleury, in 1865, to a variety of aphasia characterized by spasm of the muscles supplied by the hypoglossal nerve whenever the patient attempts to speak. In Mossdorf's case (*Cbl. f. Nervenheilk.*, No. 1, 1880, and *Arch. de Neurologie*, No. 2, 1880), when the patient, a boy aged seventeen, attempted to speak, the hyoid and abdominal muscles became cramped, respiration ceased, and through the half-opened mouth the tongue was seen contracted, its tip firmly pressed against the lower incisors, and its dorsum against the palate. In a few moments the abdominal muscles relaxed, and respiration was resumed, but the spasm of the tongue and hyoid muscles persisted. The movements of the tongue, lips and face were, with this exception, quite normal. Latterly the boy was unable to reply to his parents, or even read aloud when alone. The difficulty of speech showed itself when he was six years old, and was attributed to fright. A cure was effected by galvanization: the negative pole was placed in the nape of the neck, and the positive pole slowly moved up and down the spine. —*Brain*, July, 1881. *New York Med. Record*.

—From Dr. A. Neisser's contributions to *the etiology of leprosy*, we learn that he holds the following

theory, viz.: Leprosy is a true bacteria disease, produced through the agency of a specific form of bacteria (*Bacillen*), which enter the organism either as such, or more likely as spores which require a certain period of incubation, during which time they are stored up, probably in the lymphatic glands, this period of incubation being apparently shorter in the tropical than in the temperate zones. From these deposits the body is invaded, this being manifested chiefly in the skin, in the peripheral nerves, and to a less degree in the testicles, spleen, cornea, cartilages, and liver. By the presence of the bacteria, inflammation is set up, with consequent infiltration of the tissues with lymph cells, which change into lepra cells and form the leprous tubercles. The author believes leprosy to be infectious and contagious through its specific products, viz.: tubercles, the fluids of the tissues, and pus with bacteria.—*N. Y. Med. Journal*.

EPILEPSY—NITRITE OF AMYL.—Our method for convulsion is to put a drachm of amyl nitrite in a two inch long, three drachm vial, placing a small sponge between the liquid and the cork, instructing the parent or attendant to keep the vial always accessible in the pocket, and upon the first sign of approaching spasm to withdraw the cork and apply to the nostril a sufficient time to slightly suffuse the face, and to adopt the same method shortly before the time of the expected paroxysm, and several times a day when convulsive recurrences are frequent.

We have had the most satisfactory results, with old and young, by this method.

The dose of the amyl nitrite *should be regulated by the effect produced rather than quantity, provided the inhalations are very brief. A few seconds only for an inhalation, and not oftener repeated than every six hours.*—*Alienist and Neurologist*, July.—*Braithwaite's Retrospect*.

ERYSIPELAS OF THE LARYNX.—A reprint from the Archives of Laryngology, of a report on the above subject, by Dr. Wm. Porter, of St. Louis, has just been received. Cases of this nature are said by the writer to be quite rare, and in these few cases it occurs as an extension of external disease. The symptoms are what we should naturally infer: acute and rapid inflammation, oedema and excoriation, high temperature and pulse, etc.

It is stated that there is but one case on record of laryngeal erysipelas without the occurrence of a primary affection of the skin or pharynx.

In the presence of asphyxia or excessive dyspnoea, tracheotomy is recommended, notwithstanding there is not yet a record of a single life rescued by its agency.

It certainly relieves the patient and offers him one chance more for life.—*Cincinnati Lancet and Clinic.*

—Dr. Güntz advocates the use of the *soot of burnt pine in the treatment of eczema*. He claims for it that it is entirely painless; is applicable to all forms of the disease; causes no irritation either in the eye or in the ear; is not poisonous, so that it can be applied to the breasts of a nursing woman; and that its curative powers are surprising. He mixes the soot with pig's lard, and applies it every morning and evening for six days, then rubs it gently off, and repeats the operation till all is healed. He has had good results from this treatment in impetigo, prurigo, lichen, erythema papulatum, etc.—*N. Y. Med. Journal.*

—Mr. Frazer recommends the use of *iodoform in skin diseases*, an ointment of ten to sixty grains to the ounce of lard or vaseline, being a most useful remedy in local eczematous eruptions occurring in stromous children and young people, and in impetigo. He has also used it with success in a case of trichophytosis capitis for which croton oil had been used with disastrous effect.—*N. Y. Med. Journal.*

—Nitrite of Amyl is alleged an effectual remedy in chordee and painful priapism. Three to five drops, by inhalation, is the proper dose.—*Brit. Med. Journ.*

Miscellany.

FORTUNE DOES NOT COME WHILE SLEEPING.—If one wishes to go to sleep quietly at night in his bed, he cannot be an obstetrician, and it is not prudent to sleep in the house of your patients, particularly if you sleep heavily, if you would avoid what happened to our colleague under the following circumstances.

The Countess C., unexpectedly in the night, seized with parturient pains, sent immediately to call Dr. T., her accoucheur. Not being at home he was notified to come to see the Countess as soon as he returned.

Meanwhile, thinking that it is not possible to make nature wait, Dr. C., another famous accoucheur was called in. What a pleasure for this doctor, first to get a rich family as clients, second to take away a client from colleague T., who kept all for himself, and this time a good sum of money.

Dr. C. did not lose a minute, he was reckoned as a Messiah.

He sees, examines the Countess, and finds everything right. It was the second child, and everything was favorable. After such reflections, the dilatation only just beginning, and being after midnight, he thought that it was not very agreeable to pass the whole night without sleeping. Although by the pillow of a countess, which might have paled his roseate cheeks, our Dr. C. declared that there was no hurry,

and that he could sleep some hours in an adjoining room (in order not to lose the place). A bed was soon put in order for the doctor, who laid down and began to sleep, rocked by delicious dreams.

At two o'clock came Dr. T., who entered the room of the countess. He made excuses for his delay, and immediately examined into the progress of the labor.

"All right, Madame, I have arrived just in time. A few minutes of courage and you will be through—the head is out—well. All is finished. The lady has a very nice child."

After a few minutes, having bound the navel string and the mother being arranged in the bed, Dr. T. took his leave of the Count and the Countess, promising to come again the following day. He opened the door and heard a terrible snoring in the next room. "Oh yes," said the Count, "that is Dr. C. We have forgotten him." He then explained what had happened, to Dr. T., who laughed, as we now do. They let Dr. C. sleep till morning and offered him as payment a cup of chocolate, which he refused. Dr. C. swears that he will never again sleep in the house of a client.—*Revista de Medicina, Rio de Janeiro, Aug. 25, 1881.* A. R.

CARRIER-PIGEONS AS DOCTORS' ASSISTANTS.—We learn from reports in the papers, that carrier-pigeons are being made very useful by country doctors in this State and Pennsylvania.

A physician, of Erie, Pa., is training homing pigeons for use in his practice. Some of his young birds, put upon the road to make records for distance, have made very good time, viz., fifty miles in ninety minutes; sixty-six miles in eighty-two minutes. Homing pigeons are largely used by country physicians both here and abroad. One doctor in Hamilton County, N. Y., uses them constantly in his practice, extending over nearly two townships, and considers them an almost invaluable aid. After visiting a patient he sends the necessary prescription to his dispensary by a pigeon; also any other advice or instruction the case or situation may demand. He frequently also leaves pigeons at places from which he wishes reports of progress to be despatched at specified times, or at certain crises. He says he is enabled to attend to a third more business at least through the time saved to him by the use of pigeons. In critical cases he is able to keep posted by hourly bulletins from the bedside between daylight and nightfall, and he can recall case after case, where lives have been saved that must have been lost if he had been obliged to depend upon ordinary means of conveying information.—*N. Y. Med. Record.*

A PROFESSORSHIP WANTED.—The following letter has been received by Dr. Cook, the editor of the *Cincinnati Medical Gazette*:—

"Mr. W. H. Cook, M.D. Dear Friend Doctor I am sorry to say I did not get to see you when at your place and to Learn of your ill health; Hoping that by this time you are at work again in the class; I think I will be down to see you again in a short time if I well a nuff posted would like to worke in some one of our colleges next winter on materia medica or surgery as I want to do all in my power to keep our colleges up and prospering I dont care as for the

great a mount of money maid but see the Business in our cause go on and Be advancing Doctor if you would hapen to have a vacant place on Either of these to Branches of studdy I will take Either one of them If I can make my Bord while at the Turm Lett me know soon in Reference to this well doctor I have a noble Practise here and am diewing as well as I could wish to do Eney where Hoping to Here from you soon I remain yours Respectfully,
—N. Y. Med. Record. T. L. H., M.D."

STORIES OF DR. NÉLATON.—The *XIXe Siècle* relates of Dr. Nélaton, that he was accustomed to say: "If you have the misfortune to cut a carotid when performing an operation, remember it takes two minutes for syncope to supervene, and as many more before death occurs. Now, four minutes are four times the time required for a ligature, provided you don't hurry yourself—never hurry yourself."

The *Temps* says: "It is related that when he began his studies, he worked with such ardor that he often refused himself the time necessary for sleep. He procured a plank some five or six feet long and forty centimetres broad, the extremities of which he placed on two chairs. He lay upon it, holding his book open above him. It is said that in this position the need of sleep is less readily felt. When, despite him, his eyes closed and the book fell, the shock disturbed his balance and he followed the book. The shock aroused him, and he got up and began his work again."—*New York Med. Record*.

—It is said a doctor once stopped on the sidewalk to regard attentively the heaps of unripe fruit, cucumbers, and other indigestible merchandise, which was displayed in the shop of a green grocer. He then passed on to the undertaker's, conversed with him confidentially a few minutes, and rubbing their hands in evident satisfaction, they parted in great glee.

Whatever there may be of fiction in this, it is unfortunately too true that, physicians in this vicinity have been unusually busy of late in treating those diseases, which are classed under the name of dysentery. Undoubtedly many other causes besides unripe fruit produce the same general set of symptoms, but this is one so unusually recognized and one which accounts for so much sickness and so many deaths, especially among children, that we would suggest the rigid observance of the city ordinance which regulates the sale of unripe fruit.—*Buffalo Med. and Surg. Journal*.

COMPARATIVE PROPORTION OF PHYSICIANS TO INHABITANTS IN DIFFERENT COUNTRIES.—The latest calculations give the following proportion of physicians to each ten thousand inhabitants in various countries:

France	2.91
Germany	3.21
England	6.06
Austria	6.10
Italy	6.10
Switzerland	7.06
United States	16.24

—*Medical Times*.

PHYSICIANS.—Zimmerman says, if you need a physician, employ these three: a cheerful mind, rest, and a temperate diet.

Pope declares that

"A wise physician, skill'd our wounds to heal,
Is more than armies to the public weal."

Butler says:

"For men are brought to worse distresses
By taking physic, than diseases;
And therefore commonly recover
As soon as doctors give them over."

—*Medical Bi-Weekly*.

—Nothing is worse than a vacillating physician, whom each notion, each wish of the patient, each suggestion of nurse or family affects. Blown hither and thither by every breath, incapable of taking a broad view of the case, his treatment soon becomes as irresolute as himself, and directions and bottles accumulate with bewildering rapidity. The fewer drugs that are used the better; the greater the decision with which drugs are used the better.—*Da Costa*.—*Louisville Med. News*.

A MODEST PRESIDENT.—A representative of Leonard's *Illustrated Monthly* called upon Dr. Woodward, president of the American Medical Association, to learn where a photograph of himself might be obtained, to whom the doctor replied: "I have never been in a photograph gallery in my life to have my portrait taken, hence I cannot furnish you a picture, or direct you where to obtain one."—*Cincinnati Lancet and Clinic*.

—The six healthiest cities in the United States, as measured by the recent authentic reports, were, in the order named: Utica, Dayton, New Haven, Portland, San Francisco, and Lawrence. The six unhealthiest were: Charleston, Memphis, Cleveland, Chicago, Hudson Co., N. J., and Lynn. The six unhealthiest in the world were St. Petersburg, Charleston, Malaga, Alexandria, Warsaw, and Budha-Pesth.—*Louisville Med. News*.

—Dr. Bulkley, of New York, announces that he is giving a course of lectures on "Diseases of the Skin," in the Pathological amphitheatre of the New York Hospital. This course commenced on Wednesday, October 12th, 1881, and will consist of twenty-four lectures, delivered on Wednesday afternoons, from 2.30 to 3.30 o'clock. They are free to practitioners of medicine and medical students.

DR. CHEYNE AND BEAU NASH.—When Cheyne asked Beau Nash if he had followed his prescription, his witty patient replied, "No indeed, doctor, for if so, I would have been dead." "How so?" asked the doctor, aghast. "Because," said Nash, "I threw it out of the window."—*New York Med. Record*.

—"What acid do we get from iodine?" asked the medical professor. "We get—a-n—usually get idiotic acid," yawned the student. "Have you been taking some?" quietly asked the professor.

Recent Publications.

AMERICAN AND FOREIGN.

*Any books in this list sent postpaid on receipt of price by the publisher of THE AMERICAN SPECIALIST.

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- Bruen, *Ed. T.* A Pocket Book of Physical Diagnosis. Illustrated by Wood Engravings. 12mo. 256 pp. Illustrated. Cloth. Price 2.00
- Byford, *Prof. W. H.* The Practice of Medicine and Surgery as Applied to Diseases of Women. The Third Edition, Rewritten and Enlarged, with new illustrations. 8vo. Cloth, \$5.00; Leather, 6.00
- Carpenter, *W. B.* The Microscope and its Revelations. Sixth Edition, Revised and Enlarged. Over 500 illustrations. 8vo. 5.50
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INDEX, BY SUBJECTS, OF ARTICLES IN AMERICAN SPECIALIST, VOLUME 2, FOR 1881.

A		PAGE
Acid, boracic,	30	
" gynecardic, in skin disease,	153	
Advice,	185	
Alcohol in treatment of aural polypi,	44	
" a predisposing cause of crime and epilepsy,	63	
" and tobacco, amblyopia from abuse of,	78	
Alopecia,	95	
" syphilitic,	157	
Amaurosis from quinine,	142	
Amblyopia from abuse of alcohol and tobacco,	78	
American physicians,	185	
" Medical Association,	74	
Amyl nitrite in epilepsy,	189	
" " chordee,	190	
Anæsthesia of cornea,	174	
" morphia and chloroform combined for,	62	
Announcement (editorial),	8,26	
Aniridia, congenital,	165	
Antidote, universal,	184	
Anus, eczema of,	178	
Aphthongia,	189	
Apparatus for insufflation of powders,	46	
Asthma,	179	
Astigmatism, focal lines in,	185	
Auditory meatus, external, boils in,	14	
Aural polypi, alcohol in treatment of,	44	
B		
Back ache,	141	
Baldness from fright,	28	
Batley's solution for eczema,	79	
Benzoate of sodium, eruptions produced by,	126	
Blindness, night, pilocarpine a cure for,	127	
Blisters in eye and ear diseases,	87	
Boils,	47	
" in external auditory meatus,	14	
Boracic acid,	30	
Brain and spinal cord, localization of disease in,	166	
Burns, dressing for,	95	
" treatment of,	29	
" and scalds,	30	
Blenorrhagia, hydrate of chloral in,	87	
C		
Cæsarean section extraordinary,	47	
Cancer, chian turpentine in,	44	
" of stomach,	127	
" treatment of,	148	
Cataracts,	165	
Catarrhal conjunctivitis,	123	
Catarrh, hypertrophic nasal, galvano-cautery in	131	
Cascara amarga in syphilis,	110	
Celery seeds, infusion of, for irritable children,	87	
Chancre, effects of excision of,	174	
" destruction of, as an abortive measure in syphilis,	126	
Chancre, on nose,	167	
Chancres, extra-genital,	65	
Chancroids,	61	
Chian turpentine,	63	
" " in cancer,	44	
Chilblains, local application for,	95	
Chloral, hydrate of, in blenorrhagia,	87	
Chlorate of potassium, in epithelioma of eyelids,	95	
Chloroform and morphia combined for anæsthesia,	62	
Chordee, nitrite of amyl in	190	
Chrysophanic acid in skin diseases,	45	
Color blindness,	14	
" " in pilots,	127	
Colliers, eye disease in,	142	
Conjunctivitis, catarrhal,	123	
" gonorrhœal,	174	
Constitutional diseases, eye defects as related to,	13	
Constipation,	62	
Copper, sulphate of, in constitutional syphilis,	172	
Cornea, ulceration of,	29	
" anæsthesia of,	174	
Country doctors,	169	
Cramp, writers',	184	
Crime, alcohol a predisposing cause of,	63	
Croup, laryngotomy for,	12	
D		
Deafness, causes of,	78	
Dermatology,	121	
Diagnosis of nasal diseases,	161	
Digestive powder, compound,	127	
Doctor and druggist,	8	
Dogwood, Jamaica, in gonorrhœa,	110	
Domestic remedies, danger of, in the ear,	127	
Druggist and doctor,	8	
Drumhead, rupture of, from box on ear,	133	
E		
Ear, cases of traumatic effusion in internal,	118	
" danger of domestic remedies in,	127	
" diseases, electricity in,	141	
" foreign bodies in,	12, 34	
" diseases in railway employees,	77	
" and eye diseases, nitrate of silver and blisters in,	87	
Eating, excessive, a cause of eczema,	110	
Eczema,	190	
" caused by excessive eating,	110	
" oleate of zinc in,	127	
" of anus,	178	
" capitis,	21	
" impetiginosum,	21	
" Batley's solution for,	79	
Editorial, specialists,	106	
" dermatology,	121	
" medical students,	154	
" country doctors,	169	

AMERICA

*Any books in this list
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p. 660.

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idia, at Home and A

	PAGE		PAGE
picarpine, employment of,	36	Syphilis, micrococcus of,	173
" a cure for night blindness,	127	Syphilitic alopecia,	157
" in skin diseases,	28	" iritis,	126
ots, color blindness in,	127	" naso-cranial osteitis,	126
ster-of-Paris dressings, removal of,	29	" sore throat,	95
ders, apparatus for insufflation of,	46	" ulcers,	30
nancy, varices in,	46	Sufferers from mental overstrain,	162
" vomiting of,	95, 140		T
osis,	174	Testis, neuralgia of,	53
" capitis,	21	Thermo-cautery in tracheotomy,	29
" treatment of, by turpentine,	174	Throat, diseases of,	145
ura simplex,	177	" and nose, diseases of,	5
	Q	" syphilitic sore, gargle for,	95
ine amaurosis,	142	Tobacco, bad effects of, on the young,	77
	R	" mouth wash for consumers of,	141
ay employees, ear disease in,	77	" and alcohol, amblyopia from abuse	
disease, relations of syphilis to,	150	of,	78
atism, gonorrhœal,	148	Tracheotomy,	30
	S	" by thermo-cautery,	29
"	56	Tumors of eye,	175
"	178	Turpentine in psoriasis,	174
French treatment of,	141	" chian,	63
and burns,	30	Tympanum, accidents in inflation of,	30
cauterization of ear for,	158	Typhoid fever, sequelæ of,	49
eases, gynocardic acid in treatment of,	153		U
" iodoform in,	190	Ulceration of cornea,	29
hological anatomy of,	84, 97, 113, 129	Ulcers, syphilitic serpiginous,	30
ease, chrysophanic acid in,	45	University of Pennsylvania, an important epoch	
" benefited by pilocarpine,	28	in the,	72
use of, in diagnosis of syphilis,	137	Urethral troubles due to causes in the rectum,	20
a caution to,	141		V
"	106	Vaccination,	46
advertising,	134	Varices in pregnancy,	46
rd and brain, localization of disease in,	166	Vaseline,	63
"	3, 167	Vision, determination of normal,	1, 17
hort papers on,	70, 100	Voice, the,	46
ure of, without mercury,	78	Vomiting of pregnancy,	95, 140
fantile,	79		W
escara amarga in,	110	Whooping cough and gas works,	46
estruction of chancre as an abortive		Worms, nitrate of silver for,	62
measure in,	126	Writers' cramp,	184
use of smell in diagnosis of,	137		Z
ations of renal disease to,	158	Zinc, oleate of, in eczema,	127
stitutional, sulphate of copper in,	172		

INDEX, BY AUTHORS.

AUTHOR.	SUBJECT.	PAGE
A		
on, M.D.	Aids to Diagnosis in Nasal Disease	161
s, M.D.	Diagnostic Importance of Odors	153
zabeth G., M.D.	Review of "The Sanitary Care and Treatment of Children and their Diseases"	119
liam B., M.D.	Review of "Therapeutics of Obstetrics and Gynæcology"	187
B		
berts, M.D.	Review of "Medical Electricity"	138
"	" "On the Antagonism between Medicines, and between Remedies and Diseases"	120
d, F.R.C.S.	Review of "A Treatise on the Diseases of the Joints"	76
M., M.D.	" "Nervous Exhaustion" (Neurasthenia)	25
J.	Treatment of Malarial Fevers	137
R., M.D.	Review of Hydrophobia	119
"	Cancer of the Stomach	127

AUTHOR.	SUBJECT.	PAGE
Fothergill, J. Milner.	" "Aids to Diagnosis." Part I. "Semeiology" by	75
Fournier, Alfred.	" "Food for the Invalid," by	25
Fronmueller, G., M.D.	" "Syphilis and Marriage"	92
Fry, F. R., M.D.	The Employment of Pilocarpine	36
	Successful Treatment of Gonorrhœa	166
G		
Gibbes, Henneage, M.B.	Review of "Practical Histology and Pathology," by	43
Gisan, Rodney, M.D.	" "A Text-Book of Modern Midwifery," by	171
Gowers, W. R., M.D.	" "Diseases of Spinal Cord," by	92
Green, T. Henry, M.D.	" "An Introduction to Pathology and Morbid Anatomy," by	92
Gross, S. D., M.D.	" "John Hunter and His Pupils," by	43
" S. W., M.D.	" "Disorders of Male Sexual Organs," by	139
Gubler, Adolphe, M.D.	" "Principles and Methods of Therapeutics," by	60
Guttman, Paul, M.D.	" "A Hand-Book of Physical Diagnosis," by	42
H		
Hall, F. De Haviland, M.D.	Review of "Differential Diagnosis," by	42
Hamilton, W. T., M.D.	Sense of Smell in Diagnosis of Syphilis	137
Hammond, William A., M.D.	Review of "Diseases of the Nervous System," by	138
Hardwicke, H. J., M.D.	Traumatic Effusion in Internal Ear	118
Hartshorne, Henry, M.D.	Review of "Essentials of the Principles and Practice of Medicine," by	187
Henry, M. H., M.D.	" "Treatment of Varicocele by Excision of Redundant Scrotum," by	171
Holden, Luther, M.D.	Review of "Medical and Surgical Landmarks," by	139
Holland, J. W., M.D.	" "Diet for the Sick," by	105
Holmes, Gordon, L.R.C.P.	" "On the Use of the Laryngoscope," by	139
Hotz, F. C., M.D.	Malarial Otitis	33
J		
Jacobi, A., M.D.	Review of a "Treatise on Diphtheria," by	10
" "	" "The Sanitary Care and Treatment of Children and their Diseases," by	119
" Mary Putnam, M.D.	Review of "Cold Pack and Massage in the Treatment of Anæmia," by	42
Johnson, Laurence, M.D.	" "A Medical Formulary," by	119
K		
Kane, H. H., M.D.	Review of "Drugs that Enslave," by	58
Keating, John M., M.D.	" "The Mother's Guide in the Management and Feeding of Infants," by	171
Keyes, E. L., M.D.	Review of "The Venereal Diseases, including Stricture of the Male Urethra," by	42
L		
Le Conte, Joseph, LL.D	Review of "Sight," by	75
Lincoln, D. F., M.D.	" "A Treatise on Therapeutics," by	42
Lippincott, J. P., M.D.	Foreign Bodies in Anterior Chamber of Eye	136
Lizars, John.	Review of "The Use and Abuse of Tobacco," by	59
Lusk, William Thompson, M.D.	" "The Science and Art of Midwifery," by	187
Lyman, Henry, M.D.	" "Artificial Anæsthesia and Anæsthetics," by	187
M		
Mackenzie, Morell, M.D.	Review of "Pharmacopœia of the Hospital for Diseases of the Throat,"	75
" "	" "Diseases of the Pharynx, Larynx, and Trachea," by	42
Magnin, Antoine, M.D.	" "The Bacteria," by	60
Marsden, Alexander, M.D.	The Treatment of Cancer	148
Marshall, John, M.D.	Review of "Chemical Analysis of Urine," by	172
Meigs, J. Forsyth, M.D.	" "The Sanitary Care and Treatment of Children and their Diseases," by	119
Miller James, M.D.	" "Alcohol, its Place and Power," by	59
Mitchell, S. Weir, M.D.	" "Lectures upon the Diseases of the Nervous System, especially in Women," by	120
Mittendorf, W. F., M.D.	Review of "A Manual on the Diseases of the Eye and Ear," by	76
Moir, Henry C., M.D.	" "of the Practice of Medicine," by	105
Morrow, P. Albert, M.D.	" "Syphilis and Marriage," translated by	92
Morton, A. Stanford, M.B.	" "Refraction of the Eye, its Diagnosis and the Correction of its Errors, with chapter on Keratotomy," by	172
Mundé, Paul F., M.D.	Review of "Minor Surgical Gynæcology," by	42
N		
Neumann, Prof. Isidore.	Psoriasis Capitis, Eczema Capitis and Eczema Impetiginosum	21
O		
Oldberg, Oscar, PHAR.D.	Review of "An Unofficial Pharmacopœia," by	74
" "	" "The Metric System in Medicine," by	75

CLINICAL LECTURE.

Delivered to the Post-Graduate Class at the Throat Dispensary of the University of Pennsylvania.

BY CARL SEILER, M.D.

GENTLEMEN—The first patient whom I bring before you to-day you recognize as the young man, Frank F., who was here a few weeks ago, and in whose nose I showed you the application of the galvano-cautery to the hypertrophied mucous membrane. You will remember, when you saw him, he was unable to breathe through his nose, on account of the anterior hypertrophies in the left nostril and a deviation of the cartilaginous septum in the right. Since then, as you see, the left nostril has been cleared of obstruction by the repeated application of the galvano-cautery knife, and several days ago I performed on him the operation for the straightening of the septum. I will now remove the pledgets of cotton with which the right nostril was filled after cutting the cartilage and crowding it over into its proper position, and on examining him you will see that there is a very great improvement in his condition, for he is able to blow out the accumulated mucus quite freely out of this nostril. The septum is not yet quite straight, but I have no doubt that in a week or two we will find it so, for the cicatricial tissue formed in the cuts made into the perichondrium, is not old enough to have fully contracted.

The operation was performed in the following manner: After having placed the patient upon the operating table and having brought him under the influence of ether, the head was drawn over the edge of the table and allowed to hang down. This position of the head is preferable to any other in operations within the cavity of the mouth or nose, for it not only facilitates the access to these cavities, but also lessens the danger of blood running into the larynx and trachea, which might choke the patient to death before it could be removed. Standing behind the patient I then introduced the blades of this forceps, one into each nostril. You see that one of the blades has on its face seven knife blades inserted at right angles to its surface and forming a star. This blade I introduced into the open nostril, while the other one was introduced into the obstructed nostril. I then forcibly closed the instrument, thus making a

stellate incision through the whole thickness of the cartilaginous septum. I next introduced a similar pair of forceps, but without the knife blades, and forced the septum into its normal position. This I was enabled to do by the fact that in straightening the septum, the triangular pieces of the cartilage produced by the stellate incision lapped over each other with their apices, thus diminishing the length of the septum and allowing it to assume its normal position. The cartilage itself will not unite in the healing process, but the edges of the perichondrium will form cicatricial tissue and thus retain the septum in a straight line when this tissue has fully formed. Meanwhile we must keep the nostril in which the nose was seen filled with either wooden plugs or cotton pledgets, as was done in this case, to force the septum over to the other side and keep it in its new position until the healing process is complete. The amount of hemorrhage following the incision was but very slight, and the patient reacted readily from the influence of the ether, and it will be but a few days before we can discharge him as cured.

The next case is one of peculiar interest on account of its rarity, for I do not remember having ever seen one similar to it or read of one like it. This man, W. H., aged 45, an inmate of the hospital, as you see, from his blanched skin and colorless lips, is almost bloodless from repeated copious hemorrhages from the nasal mucous membrane. He tells us that he has had nose bleeding on an average once a month ever since he can remember, and that of late the attacks have increased in frequency and severity, so that within the last few days he has bled three and four times in the twenty-four hours. He feels weak from the loss of blood, but is otherwise healthy. He states that he has two brothers who periodically bleed from the lips, tongue and gums, but do not lose near as much blood as he has done. Neither our patient nor his brothers are afflicted with the hemorrhagic diathesis, for he tells us that wounds of the skin do not bleed inordinately and that the flow of blood is readily stopped.

If you will examine the patient's nose carefully, through the anterior nares, taking care not to scratch the mucous membrane with the edge of the speculum, you will see the mucous membrane

studded all over with small spots of ecchymosis, about the size of a large pin's head. These spots occur both on the septum and on the mucous membrane of the turbinated bones as far as can be seen from in front; they are not noticed in the vault of the pharynx, nor, in fact, anywhere else in the nose. One or two larger ones are situated under the tip of the tongue and on the inner surface of the lower lip, but these, the patient tells us, never bleed. The slightest touch with a blunt-pointed probe will start those in the nasal cavity to bleeding, and the flow of blood can only be stopped by plugging the cavity with cotton saturated with Monsel's solution.

The treatment under which he has been placed, and which has so far materially decreased the number of hemorrhages as well as their severity, consists of a liberal meat diet and full doses of iron. Locally a spray of Monsel's solution, diluted one half with water, is thrown into the nasal cavities several times a day, and every other day the ecchymosed spots are lightly touched with a sixty-grain solution of nitrate of silver. This is done by attaching a piece of absorbent cotton to the end of a silver probe, saturating it with the silver solution and carrying it to the spots to be touched, exerting, however, no pressure upon them with the end of the probe, for fear of starting a hemorrhage. This treatment will be persisted in for some time, until I feel satisfied of either its success or failure; in the latter case I shall try some other application to the spots of ecchymosis.

The next patient is an old colored woman aged 60, whose history is as follows: About a year ago she took a severe cold which settled on her chest, and by which she was confined to bed for several days, probably an attack of acute lobular pneumonia. She got better, but the cough has never left her and gradually she has lost her voice. Within the last few months her throat has become very sore, especially in the act of deglutition, and she has been subject to fits of suffocation, generally at night. Her general health is very bad; she has lost a great deal of flesh and is very weak; sleeps badly on account of the cough and night sweats, and on account of the difficulty of deglutition she cannot take the necessary amount of nourishment.

An examination of her chest which has been

made reveals extensive disease in both lungs. The laryngeal mirror, which she does not bear very well, for the slightest irritation of the pharynx with the edge of the mirror brings on a fit of coughing with spasm of the glottis, shows extreme paleness of the laryngeal mucous membrane, extensive ulceration of the left ventricular band, which is so swollen as to almost meet its fellow opposite. The left arytenoid cartilage is also involved in the ulcerative process and appears fixed in the position of adduction, that is, with the vocal process pointing toward the median line. The vocal cord on that side cannot be seen, as it is covered by the tumefied ventricular band. The right side of the larynx shows no structural changes except that in the act of vocalization the arytenoid cartilage moves slightly past the left one, which, as I have said, is fixed. Now, what shall we do for this woman, to relieve the urgent symptoms of dyspnoea and dysphagia? We cannot attempt to go into the larynx with a brush or sponge to make applications to the ulcerations which give rise to these symptoms, for fear of exciting fatal spasm of the glottis, nor is it even advisable to introduce a spray, which is the mildest form of all local applications. The only thing to be done here, short of letting the patient hasten to a speedy and painful end, is to perform tracheotomy at once, so as to relieve the dyspnoea and give us a chance to make local applications to the laryngeal ulcers with a view to healing them, and making the patient comfortable. Tracheotomy has been recommended in cases of laryngeal phthisis by eminent writers, as a curative measure, even where the extreme necessity does not exist, as in this case, and it is claimed that the complete rest of the larynx and the absence of the irritating influence of the air as it passes over the ulcerated surfaces in the act of respiration, have proved very beneficial in many cases. I have no personal experience in this, for in those cases under my care in which I might have resorted to this rather extreme measure, I could not obtain the consent of either the patient or his friends to perform the operation, as the result of which I could promise only temporary good. In the case before us, however, it is absolutely necessary to open the trachea, for she is in imminent danger of death by asphyxia, and the next spasm may be

her last. We will, therefore, try to obtain a bed for her in the house, and perform the operation as soon as possible.

Here is a little girl, five years of age, who, her mother tells us, suffers from periodical attacks of tonsillitis. In the intervals between the attacks, which occur every two or three months, both in summer and in winter, she snores at night, has difficulty of breathing and talks with a thick voice so as to be almost unintelligible. This, gentlemen, is a case of hypertrophy of the tonsils, a very common affection in children. If you depress the tongue and inspect the fauces, you will see the enormously enlarged glands which almost meet in the median line. They are not inflamed at the present time but are deeply pitted from the enlargement of the mouths of the follicles.

There is but one successful plan of treatment for such a condition as this, and that is ablation of the glands with a tonsillotome. Painting with astringent solutions, burning with caustics, such as nitrate of silver, iodine, chromic acid, etc., or with the galvano-cautery knife, and even the injection of iodine solution into the substance of the gland, have all been tried, and in my experience failed, except in a few isolated cases, to reduce the hypertrophied tonsils; and the removal of the glands is, in my opinion, not only the safest, quickest and surest, but also the least painful of all methods of treatment.

Mathieu's guillotine tonsillotome, the instrument which I will use in this case, is a modification of the old Fahnestock tonsillotome, and I prefer it to other instruments of the kind, because the necessary movements of pushing the stylus or fork forward so as to transfix the tonsil and fix it, and the motion of pulling the annular knife through the gland in cutting it off, can be performed by one hand in rapid succession, thus leaving the other free to depress the tongue and perform other needful services, especially so when the subject is a struggling child.

I will now proceed to remove the tonsils from our little patient here, and you will see that the operation is a very simple one, attended with but little pain and hemorrhage, if done at the right time, namely, when the glands are quiescent and not in a state of inflammation.

OTORRHŒA.*

Gentlemen of the Medical Club:—A few days ago I received a note from the gentleman whose turn it is to read a paper to-night, in which he asked me to supply his place, as he could not be here. I consented, and have done what I could in the very brief time which I have had to spare. I have had no time to read upon the subject, and can give you only a few practical points which experience has taught me.

In this familiar paper I shall not attempt to be logical, consistent or exhaustive, but shall consider the various topics in the order in which they happen to occur to me, using the English nomenclature by preference, but introducing the Latin whenever it will conduce to brevity, or euphony.

Otorrhœa means a running from the ear. It is a broad term and includes every appearance of fluid at the external auditory meatus. We will exclude, however, traumatic hemorrhages, as not coming within the category of true otorrhœas. The ordinary otorrhœas are purulent and mucopurulent, and these occasionally tinged with blood. As these discharges are always a sign of inflammatory action somewhere in the ear, whenever they occur, we have an otitis either acute or chronic, and these may be located either in the external ear, giving us an otitis externa, acute or chronic, or in the middle ear, giving us an otitis media, acute or chronic. There are a few complications of these different forms of otitis which so frequently occur that they have almost attained the dignity of separate diseases in our nomenclature. Among these the secretion of pus is the most common perhaps, and this gives us purulent otitis externa, acute or chronic, and purulent otitis media, acute or chronic. With the chronic form of purulent inflammations polypi are often developed and the presence of these should be indicated in a careful diagnosis, and so we have as a common name chronic purulent otitis externa, or media, with polypi.

Some go so far as to mention the fact of a perforation of the tympanic membrane with chronic purulent inflammations of the middle ear, and give us chronic purulent otitis media, with per-

* Read before the Buffalo Medical Club, Sept. 14th, by Dr. F. W. Abbott, and requested for publication by the Medical Journal Association.

formation, but perhaps this is an extra refinement, for if there is a formation of pus in the middle ear, it must, if it appears externally, come through a perforation in the drum membrane. Inflammations of the external ear may be either circumscribed or diffuse, giving us acute circumscribed otitis externa, acute diffuse otitis externa, chronic circumscribed otitis externa and chronic diffuse otitis externa. Any of these forms may produce a true otorrhœa, although it is temporary in the acute cases.

From this long list of different diseases, which are all accompanied by an aural discharge, we see at once the necessity of a careful inspection of each case, to learn the exact source of the discharge, before attempting to treat it.

In considering these affections in detail, we will commence with the external meatus and proceed inward. The most common otorrhœas having their origin in the external meatus should be traumatic, being produced by the surgeon's knife. Circumscribed inflammations, alias boils, are very frequent in this locality, and the proper treatment for these is an early and free incision. If the boil is near the concha, reflected light is not absolutely necessary, but if it is some ways within, direct illumination is unsatisfactory. When you see the point you want to cut, introduce a narrow-bladed knife, with its back to the wall of the meatus, and pierce the swelling and cut towards the centre. Of course, your patient will jump, but let him; you must pierce as deep as you want to go before he has time to jump, and as he gets away from you the knife cuts its way out of the apex of the boil. If you cut down on to it, your knife is apt to keep on in the same direction after it leaves the meatus, and you gash the tragus or anti-tragus, and your patient objects to a slashed ear. If you produce a satisfactory otorrhœa by this means, cleanliness by means of warm water and a syringe completes the cure. A free and early incision is considered to be a good prophylactic against the recurrence of these boils, which is often one of the most troublesome features of these cases. Should they recur, however, sulphide of calcium in one-tenth grain doses, every four hours, is the thing to give. I prescribe it frequently and am satisfied empirically that it does have an effect in preventing recurrent boils.

There is a form of genuine otorrhœa dependent upon diffuse inflammation of the external meatus, which is sometimes quite profuse, and if its true source is not recognized and correctly treated, may run on for years. This inflammation is eczematous in character, and fostered by the warmth and moisture of its habits, and encouraged by various wet applications, and especially by the application of glycerine, which to some minds appears to be a specific for all kinds of ear trouble, it runs on and the ear itches and burns until life becomes a torment. The first thing to do with such an ear is to cleanse it thoroughly with warm water and syringe, and dry it with absorbent cotton. The whole meatus, from anti-tragus to membrane, is red and swollen with ridges, fissures and excoriations. The first direction to give is, that it must be kept perfectly dry. The surgeon must cleanse it with water, if necessary, and dry it as soon as possible, but the patient must not wet it at all. In my practice the best results have followed the use of a .10 or .15 solution of nitrate of silver, thoroughly applied after the skin is dry and clean, using a saturated wisp of absorbent cotton on a cotton holder. After a few minutes I dry it carefully again, and follow this up every day, if it gets moist in one day. Very soon the discharge decreases, so that no moisture appears, but the discharge dries in flakes as fast as secreted. Then, after applying the nitrate of silver, I sometimes apply a thin coating of yellow oxide of mercury ointment, made with cosmoline. Occasionally a polypus is found hanging to the wall of the external meatus with a perfect drum membrane, although they are rare; so I will say what I have to say of the treatment of polypi here. A profuse otorrhœa often comes from a little polypus, which may be nothing apparently but a small granulating surface; so this is one of the first things to look for in a running ear. When found, it isn't always necessary to scare your patient to death by telling him he has a polypus. If he is nervous and imaginative, he will picture a many-rooted monster sending claws deep into his brain, or ask anxiously if it is a cancer. But at all events get rid of your polypus. If it is pediculated, pick it off with forceps or snare and touch its point of attachment with chromic acid. If it has a broad base, cover it with

chromic acid and repeat the application from time to time. It may be necessary to scrape the exuberant granulation with a curette. If there is denuded carious bone, it is necessary to scrape this well until you reach sound tissue.

But by far the most abundant source of the discharge in otorrhœas is the mucous membrane lining the cavity of the middle ear. An acute inflammation of the pharyngeal mucous membrane, especially such as accompanies scarlatina, and after this a long-ways measles or an idiopathic pharyngitis extends by contiguity of tissue through the Eustachian tube to the middle ear. Mucus is secreted and fills the cavity, the inflammation grows more severe, pus is formed, and, having no means of exit, finally breaks through the drum membrane and shows itself externally. But this bony cavity cannot empty itself completely through this orifice. Some pus stays, perhaps decomposes and becomes a source of irritation. More is secreted, which goes through the same processes, and finally we have lining the middle ear a pyogenic membrane, and a continuous discharge. Complications soon ensue; the continued moisture and warmth encourage the growth of granulations, and polypi spring up. Perhaps the inflammation spreads to the mastoid cells, and here we have as a result ulceration, necrosis, finally an opening externally and relief from pain and fever with a sinus connecting the surface of the mastoid bone with the middle ear. Perhaps the ulceration and necrosis extend inward, reach the meninges of the brain, setting up meningitis, acute, spreading, with death, or chronic meningitis with all its attendants, epilepsy, mania, dementia, etc. Perhaps ulceration begins in the middle ear; its cover is a thin lamella of bone, which separates it from the dura mater here. Necrosis often, sooner or later, destroys this lamella, and the dura mater becoming implicated, we have the same results of meningitis as mentioned before.

So a running ear is not simply a source of annoyance, as it is often considered, still less a sort of drainage tube, letting off foul humors, deleterious to the system, which must not be interfered with, as is still the belief in some quarters; but it is a sword of Damocles hanging continually over the head of its possessor and threatening life itself.

Since the results of a chronic purulent otitis media are or may be so appalling, the question of the proper treatment becomes a very urgent and important one, and it will not do for any physician into whose hands a family have entrusted themselves in good faith, relying upon his knowledge of disease, to say, as I have too often heard, "Well, I don't know anything about ear diseases, and I don't want to." This disease is usually very easily diagnosticated, and the rationale of the treatment is very simple: cleanse the ear thoroughly with syringe and absorbent cotton, and inspect it through a speculum with reflected light. A speculum may be bought for fifty cents, and in these days every physician should have a laryngoscopic mirror; but if you haven't, take a bit of looking glass and scrape a little hole through the silver. With this simple reflector you can light up the meatus so that you can tell whether its walls look healthy or not, and, if they do, you can reason, by exclusion, that the middle ear is affected, even though you do not get a satisfactory view of the drum membrane.

Usually a hole in the ear drum can be seen and distinguished, but often it cannot. It may be in the lower anterior segment, out of sight, around the bend in the external meatus; or the drum membrane may be inflamed and discolored so that you are not sure whether it is drum membrane which you see or the internal wall covered with mucous membrane. Sometimes you can diagnosticate a perforation by listening closely while the patient inflates the Eustachian tube and middle ear by the Valsalvian method. If a perforation exists and the Eustachian tube is pervious, you will hear the whistle of the air as it passes through. I have read somewhere of putting a light bit of cotton in the ear in such cases and expecting to see it blown out, but this experiment has never succeeded under my observation. If you cannot hear the whistle of air, and are still in doubt, drop a little warm water into the ear and watch it through the speculum while the patient inflates the ear, and you may be rewarded by seeing bubbles of air break through the water. Of course, if you have a Politzer bag you won't linger over the Valsalvian method, and one pull through a Siemen's speculum settles the case; but I am not supposing that you have an otologist's armament.

Having established your diagnosis, the treatment comes next. You want to restore that mucous membrane to its normal condition, where it is possible, and induce a cicatrization of ulcerated surfaces. The first need is cleanliness, and cleanliness without violence. For this you will need more tools. A mirror on a head band, which leaves both hands free, is absolutely essential; no one has any business with a purulent otitis media without one. After syringing the ear long and carefully, dry it out with absorbent cotton, under your eye. You must always look and see where you are going; the structure of the ear is too delicate for blind poking. Patients and friends cannot cleanse an ear; you must do it yourself, or it won't be done. I know one man who, after 15 or 20 years' practice, can cleanse his own ear. He puts a piece of slender flexible rubber tubing on the nozzle of his syringe and inserts that into his ear; as he has no ear drum, the way is clear to the bottom of the hole. After pumping from a pint to a quart of water through this, he dries his ear with absorbent cotton on a cotton holder, and this he can insert clear into the middle ear. As he does this every day, no pus collects and hardens. This is the single exception that proves the rule that no man can cleanse his own ear. After the ear is clean, the question of what application to make comes up, and here a pretty wide choice presents itself, and the very variety of the remedies which have been mentioned only proves that no one has been found entirely satisfactory. I more frequently begin with blowing in finely-powdered alum than in any other way, and repeat this every other day. I often, when this fails or seems to have too little effect upon the inflamed membrane, use finely-powdered iodoform or iodoform and alum. The great objection to iodoform is its odor, and this becomes very disagreeable in using iodoform in this manner. When one puffs a cloud of iodoform into a patient's ear, the return blast loads his moustache with the powder and he carries it under his nose the rest of the day. Some medical journals, a few months ago, vaunted boracic acid as the application in purulent otitis media, but in my hands it has not proved a specific by any means, but a useful variation. These powders act better when the drum membrane is almost entirely destroyed, I think,

and a puff applies them thoroughly to every part. When the perforation is small and in the upper part of the membrane, the case presents peculiar difficulties. It is very difficult to cleanse such an ear, and here especially, after syringing thoroughly, it is beneficial to blow through the Eustachian tube by Valsalva's method, or the air bag, to force the middle ear fluids through the perforation in the external meatus, where they can be wiped out with cotton. In such cases I have had the best results from the use of strong solution of nitrate of silver .10 to .15. After cleansing the ear by all ways as thoroughly as possible, I have the patient lie on the side, with the affected ear uppermost. Then with a pipette introduced well into the ear, I drop in 10 to 15 drops. I then pull and work the ear so as to churn it down clear into the middle ear, and be sure that it reaches every part. After leaving it a few minutes, I draw out what I can with the pipette, and put in a little pure warm water, then pump this out and put in some more; finally I drop in a solution of salt to decompose the nitrate of silver that may be left. The principal object of this procedure is cosmetic. Should the patient arise with an ear full of a .15 solution of nitrate of silver, a long, dirty-brown streak from ear to shirt collar would confront you at the next visit. Sometimes you have the good fortune to see a perforation close up, which is a consummation most devoutly to be wished, as this protects the mucous membrane of the middle ear from external irritants. If the drum membrane does not close up and the secretion stops, it is best to wear a loose pledget of cotton for a protection.

Dr. Howe spoke very highly of permanganate of potash in solution, for purulent otitis media, in a paper published some time ago. He gave it to the patients for ear drops. I used it some, but the patients objected to the stains left by this salt on everything it touched, and in my hands it did not prove as efficacious as I had hoped it might, from the statistics given in its favor.

Where patients cannot come to the physician for treatment, they should provide themselves with a good ear syringe and keep the ear as clean as possible. If all the pus and mucus is not removed, it can be kept fluid and wholesome, so that none will be blocked in behind dry, hardened masses, and the penetrating odor, which makes

so many running ears an offense to the whole household, will be prevented. Should mastoid-cell complications arise, an incision should be made into the mastoid at once, with a strong knife or trephine.

There is much more that might be said about otorrhœa, but I have occupied my half hour, and I don't think I ought to read any more to-night.

BUFFALO, Sept. 17th, 1881.

Gentlemen:—My incomplete paper on otorrhœa, which you have kindly expressed a desire to publish, was supplemented, in some particulars, in the discussion upon it which followed its reading. Thinking that these questions might arise in the minds of some of your readers, I have taken the liberty of appending a few of them with their answers, as well as I can remember them.

Dr. D. The doses of sulphide of calcium as given in the paper (1-10 grain) are entirely inert. Experiments have shown that 1-grain doses are required to produce any effect, and 5-grain doses may be given without ill effects.

Answer by Essayist. I have never failed in stopping recurrent boils in the ear by the use of 1-10-grain doses of this drug. When I do, I shall recommend the smaller ones until they fail.

Quest. Is sulphide of calcium useful in boils occurring elsewhere than in the ear?

Dr. M. I was cured by it last spring, of recurrent abscesses in different parts of the body.

Dr. G. I am disappointed that nothing was said in the paper about the treatment of the acute stages of otitis media, which occurs specially in the course of exanthemata. Will you say something on this point?

Ans. This subject did not come strictly within the range of my subject, but I will say, in all cases of acute otitis media I use first hot water, directing the patient to hold his head over a bowl, and continually instilling into the ear water as hot as can be borne, keeping the supply hot by adding boiling water. This to be continued ten to fifteen minutes or until the pain ceases. Repeat this every hour or two, using in the meantime ear drops of Magendie's solution of morphine. If the pain is not entirely relieved by this, apply some leeches to anti-tragus and tragus, putting some cotton into the ear to prevent them going in and fastening on to the drum membrane.

Dr. H. Is there any means of telling whether there is a collection of fluid in the drum cavity in these cases, and if so, what is the remedy?

Ans. Yes; upon inspection the drum membrane appears to bulge outward, and it has lost its translucent look. Then an incision should be made through its lower posterior part.

Quest. Is there any danger that this incision will not heal up?

Ans. No. It is extremely difficult to maintain a traumatic perforation of the drum membrane in cases where it is desirable.

Dr. M. Is not such an application of nitrate of silver as you describe very painful?

Ans. It is not. It causes no pain, if the cuticle lining the external meatus is intact.

Quest. Is not the chromic-acid application painful?

Ans. It is not, if the application is made only upon the polypus, and the acid is not allowed to touch any healthy tissue. I twist a little point of cotton on my cotton holder and dip just the tip into some chromic acid, which has deliquesced and become fluid without the addition of any solvent; with this I touch just where I want to. If it should run on to sound tissue and cause pain, this can be relieved by gently syringing with warm water.

Yours truly,

F. W. ABBOTT, M.D..

Buffalo Medical and Surgical Journal, Oct., 1881.

BOOKS AND PAMPHLETS RECEIVED.

—"A Treatise on Hygiene and Public Health." By various authors. Edited by Albert H. Buck, M.D. 2 vols. Illustrated. New York: Wm. Wood & Co.

—"A Treatise on Food and Dietetics, Physiologically and Therapeutically Considered." By F. W. Pavy, M.D., F.R.S., Fellow of the Royal College of Physicians, etc. Second Edition. New York: Wm. Wood & Co., 1881.

—"A Manual of Histology." Edited and prepared by Thomas E. Satterthwaite, M.D., of New York, President of the New York Pathological Society, etc., etc. New York: Wm. Wood & Co., 1881.

—"The Black Arts in Medicine, with Anniversary Address." By John D. Jackson, A.M., M.D. Edited by L. S. McMurry, A.M., M.D. Cincinnati; Robert Clarke & Co., 1880.

—"A Practical Manual of the Diseases of Children, with a Formulary." By Edward Ellis, M.D. Fourth Edition, revised and enlarged. Philadelphia: Presley Blakiston, 1881. Price \$3.50.

—"A Manual of Ophthalmic Practice." By Henry S. Schell, M.D., Surgeon to Wills Eye Hospital, and Ophthalmic and Aural Surgeon to the Children's Hospital. Philadelphia: D. G. Brinton, 1881.

The American Specialist.

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PRESLEY BLAKISTON,

1012 Walnut Street, Philadelphia

PHILADELPHIA, JANUARY 1, 1882.

AU REVOIR.

My first editorial I entitled *Salutem*; this, my last, I will call "*Au Revoir*." With this number my editorial connection with the AMERICAN SPECIALIST ceases. I desire to return my sincere thanks to all the friends of the journal and to medical publishers, for kindnesses received. I trust, since I have had no reason to think otherwise, that my wish (expressed in "*Salutem*"), "*That when his time shall come, he may retire from the editorial chair without the ill will of even the most insignificant of them*" (Editors), has been fulfilled. I now, therefore, say to my literary friends, *Au Revoir*; I bid you good-bye in the SPECIALIST.

Correspondence.

CORRECTION.

1611 Chestnut St., December 5th, 1881.
To the Editor of the American Specialist:—

DEAR SIR: I observe in the December number of the AMERICAN SPECIALIST a reference to my having received a cablegram from the editor of the London *Lancet* requesting me to furnish an article on the case of the late President Garfield, and for which I had to pay several dollars. It is proper that a correction should be made, and I hope you will do me the favor, and the editor of the *Lancet* the justice, to make the correction in the SPECIALIST.

IST. It is true the request to prepare such an article was made, and that the cablegram cost between two and three dollars, but on inquiry I have learned that this cost was due to sending copies to different places in order to reach me, and not for the original cablegram, which was prepaid.

Yours truly,

D. HAYES AGNEW.

Editor Specialist:—

DEAR SIR: As you invite news items in specialties, I send you one which I hope may induce others to profit by it. The following will be found as near specific as medicines may ever hope to become, for "*pannus*" and all forms of sub-acute and chronic injections of the conjunctival vessels:—

R. Fld. ext. ergot (Squibbs).
SIG.—One large drop in the eye, at bedtime: full strength.

DR. H. S. HUMPHREY.

Janesville, Miss., Nov. 20th, 1881.

Miscellany.

—A few days ago Dr. J. M. Green, of the Marine Hospital Service, stationed at Key West, died, of yellow fever. He leaves a family unprovided for. If Congress were in session it is likely some action would be taken on this instance, looking toward a permanent provision of pensions for the widows and orphans of medical officers dying at their post. According to the regulations of the service, the class of officers to which Dr. Green belongs are the first to be exposed to contagious diseases from foreign ports. It is a singular oversight that our Government has not already provided aid for those made destitute by the performance of an official duty which entails such exposure. France has led us in this matter, although we trust our next Congress will follow her example.—*Louisville Med. News*, Oct. 15th, 1881.

AN IMPROVED CATHETER.—This story (case of relief by a wire) reminds us of an occurrence of similar nature on one of our river boats. An elderly woman, second-class passenger, was found during the night to be groaning and suffering much pain. The watchman, after searching the list of passengers, waked up Dr. W., who happened to be on board. He found a greatly distended bladder to be the cause of the trouble. He had no catheter; finally it occurred to him that his toothpick might be pressed into the service. He borrowed a second quill from a friend, and having fastened the two together, passed this novel catheter into the bladder and received the blessings of the sufferer.—*Canada Journal*, September, 1881. *Cin. Lan. and Clin.*, Oct. 8th, 1881.





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